

Los Angeles Coordinated HIV Needs Assessment - Care (LACHNA-Care): 2011 Final Report

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EXECUTIVE SUMMARY:

This report presents data from the 2010-2011 Los Angeles Coordinated Needs Assessment-Care (LACHNA-Care) project. Interview data were collected from a representative sample of 450 of the approximately 18,545 clients who received any of the 47 HIV services in Los Angeles County (LAC) from January to June 2011. Selected participants were asked about service awareness and needs, receipt of services, gaps in services, barriers to needed services and satisfaction with services received. The intent of this report is to describe the effectiveness of the Ryan White service delivery system and highlight service gaps and barriers to needed services. These data can be used to inform planning bodies and service organizations of the service needs of low-income persons living with HIV/AIDS in LAC. Major findings include:

- **Awareness of Services:** Overall, awareness of HIV services was high among survey respondents. Service categories with high awareness included health-related services such as medical outpatient, oral health care and psychiatric services; case management services such as psychosocial case management; residential care and housing services including rental assistance; transportation services such as bus passes; and support services that included nutritional support.
- **Need for Services:** All respondents reported a need for at least one of the 47 services. Need was greatest for health-related services (99.6%) that included medical outpatient and oral health care, with lower proportions reporting a need for case management (86.0%), support services (84.0%), transportation (75.6%), and housing (64.9%).
- **Satisfaction with Services:** Client satisfaction with received services was high with approximately 90% reporting satisfaction with services received and only 10% reporting some dissatisfaction.
- **Gaps in Services:** A gap in at least one service need (e.g., reporting a need for a service but not able to obtain the needed service) was common for the majority of survey participants (80.6%), with few trends by demographic characteristics or behavior detected. The only exception was that currently homeless individuals were 3.7 times more likely to report a service gap (OR=3.7, 95% CI: 1.1-12.4) compared to non-homeless persons. Among Latinos, low income was significantly associated with at least one service gap (OR=3.0; 95% CI: 1.4-6.7). The service clusters with the largest gaps were housing (64.4%) and support services (60.6%); however, the individual service category with the largest gap for the total survey group and most of the subpopulations was oral health care services (34.2%).
- **Gap for Oral Health Care Services:** Factors associated with a gap in oral health care services included recent incarceration (OR=2.7; 95% CI: 1.2-6.1), lack of health insurance (OR=1.8; 95% CI: 1.2-2.9) and recent substance use or binge drinking (OR=1.8; 95% CI: 1.1-2.8).
- **Barriers to Needed Services:** The most common barrier to obtaining needed services was lack of information regarding where services were located and lack of information regarding who to ask for help in obtaining a needed service.
- **Generalizability of Data:** Due to the sampling methodology and high agency (100%) and client (94%) response rate, data from this sample of clients in the LAC HIV service system should be generalizable to all clients in the system. These data can be used to guide policy decisions regarding the Ryan-White service delivery system.

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I. Background

A. Introduction

The Health Resources and Services Administration (HRSA), the federal funder of HIV care for low-income persons in the United States, requires that each jurisdiction receiving Ryan White funding justify need, set priorities and conduct resource allocation using evidence-based data. Therefore, the Los Angeles County Commission on HIV/AIDS (Commission) and the Division of HIV and STD Programs (DHSP) collaborated to conduct a needs assessment of HIV-positive persons in Los Angeles County (LAC) who receive services funded by the Ryan White HIV/AIDS Program.¹

According to guidelines from the HRSA HIV/AIDS Bureau², a needs assessment should utilize both qualitative and quantitative data collected through a variety of research methods such as surveys, interviews, focus groups, and the analysis of existing data (e.g., epidemiological data provided by state health departments, service utilization data provided by providers). The particular assessment methods used to collect data are determined by local planning bodies and may vary from year to year. HRSA also recommends that data collected from persons living with HIV/AIDS (PLWHA) and consumers reflect the demographic and geographic diversity of the population. HRSA instructs that regardless of the particular research methods used for data collection, assessments should provide solid information in five data areas: Epidemiological Profile, Assessment of Service Needs & Gaps, Resource Inventory, Profile of Provider Capacity and Capabilities, and an Estimate and Assessment of Unmet Need.²⁻³

This is the fifth quantitative needs assessment conducted by the Commission since 2002. The goal of these assessments is to obtain data for the strategic planning of care and prevention services for PLWHA in LAC. These data will be used, along with other resources such as the Epidemiologic Profile⁴ compiled by DHSP and other secondary data sources, to guide community planning and will be included in LAC's Comprehensive HIV Plan. The current needs assessment focuses on care and support services utilized by HIV-positive persons and was designed to provide a comprehensive profile of service needs and utilization for individuals living with HIV/AIDS who access HIV services.

The information in this report reflects the perceptions, needs and customer satisfaction of PLWHA in LAC who receive Ryan White-funded services. This assessment is one of many tools that is used to guide the allocation of resources for low-income PLWHA. This report will provide data to support planning bodies and stakeholders to prioritize diverse demands to ensure that patients receive appropriate, comprehensive and holistic care.

i. Organization of Report:

- The first section includes an epidemiological overview of HIV in LAC and a description of the LACHNA-Care survey methodology. More detailed information on the LAC Ryan White Program planning activities can be found on the Commission website (<http://hivcommission-la.info/>) and more detailed epidemiologic data can be found on the DHSP website (<http://www.publichealth.lacounty.gov/hiv/>). The overview presented here includes:
 - Description of HIV/AIDS in LAC
 - Description of Commission Continuum of Care
 - LACHNA-Care Survey Methodology
 - Description of Service Clusters

- Definition of Terms
- The second section of this report includes data from the needs assessment on HIV services and includes a description of the top 10 services by awareness of services, need for services, services received, accessibility and satisfaction with services received, services needed but not received (gaps in services), and barriers to accessing services needed but not received. These data are included for all participants and are also presented separately by the following characteristics:
 - Gender
 - Age
 - Race/Ethnicity
 - Language
 - Sexual Orientation
 - Men who have sex with men (MSM) Status
 - Minority MSM Status
 - Homelessness
 - Insurance Status
 - Economic Status
- The third section includes data on awareness of services, need for services, services received, accessibility and satisfaction with services received, services needed but not received (gaps in services), and barriers to accessing services not received for special populations that the Commission has determined have special HIV care and service needs. Data are presented for the following special populations:
 - Recently-Incarcerated Individuals
 - Persons with Mental Health Issues
 - Sex Workers
 - Injection Drug Users (IDUs)
 - Disabled (Sight or Hearing)
 - Persons Lacking Oral Health Care
 - Persons with Housing Needs
 - Substance Users
- The fourth section includes logistic regression analyses to identify predictors of gaps in overall service needs, health-related services, residential care and housing services, transportation services, case management services, support services (not including case management) and oral health care.
- The fifth and final section includes conclusions of major findings.

ii. HIV/AIDS in Los Angeles County (LAC):

It is estimated that there were 42,364 persons living with HIV or AIDS (PLWHA), including 25,876 with an AIDS diagnosis, in LAC as of December 31, 2010.⁴ LAC accounts for approximately 38% of the HIV/AIDS cases in the state of California and 5.3% of cases nationally. The Ryan White HIV/AIDS Program is the largest funding source for HIV/AIDS care and treatment services in the United States and is considered the “funder of last resort” for all low-income HIV infected persons and their families. In Fiscal Year (FY)

2009 (March 2009-February 2010), approximately \$2.3 billion was allocated to fund the Ryan White HIV/AIDS Program and LAC received approximately \$39.7 million for direct patient services.⁵

Of PLWHA in LAC, the majority are male (88%), Latino (39%) or White (35.6%), and middle-aged (average age 44 years old).⁴ The majority of PLWHA report being exposed to HIV through male-to-male sexual contact (72%), with an increasing percentage reporting heterosexual contact (12%).⁴ As with cases nationally, distributions of HIV/AIDS in LAC should not be viewed as uniform across all communities. Prevalence can vary widely by such factors as geography, race/ethnicity, sexual identity, gender and other behavioral risk factors.

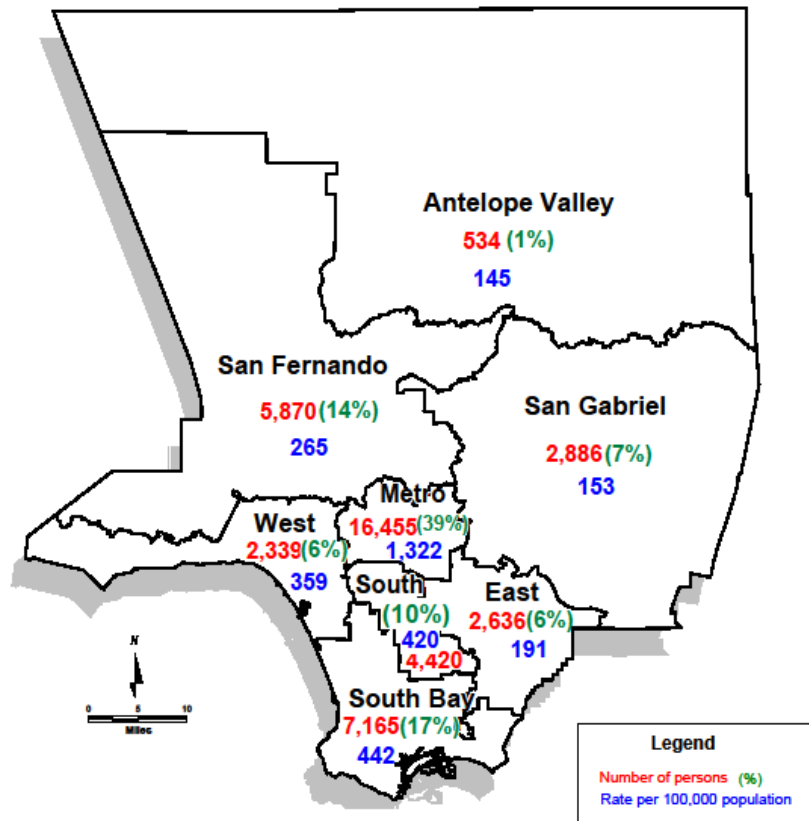
Approximately 18,545 PLWHA in LAC (39% of all PLWHA in the county) received some sort of assistance from a Ryan White-funded program in LAC in FY 2009.⁵ Among the 18,545 receiving some type of Ryan White-funded service, 14,875 (80%) had at least one HIV medical care visit, 1,779 (9%) were new to the Ryan White system and 1,124 (6%) returned to the system after a lapse in services.⁵

iii. Geographic Distribution of HIV/AIDS in LAC:

LAC, with over 10 million residents, is the most populous county in the United States. If LAC was a state, it would be considered the 8th largest state in the country.⁶ LAC is spread over 4,061 square miles (3% of the California land mass) comprised of vast urban, suburban and rural regions. Because of its size, in 1998 the LAC Department of Public Health implemented the use of Service Planning Areas (SPAs) to geographically divide LAC into eight regions to better characterize and serve the local health needs.⁶ It should be noted that HIV/AIDS, like other diseases, is not evenly distributed across the county or by SPA (See Figure 1).

To further characterize HIV geographically in LAC, OAPP recently identified clusters of HIV across SPA boundaries as well as within specific areas of a given SPA. For the purposes of this report, data will be reported according to SPA.

Figure 1: Distribution of PLWHA in LAC by SPA (N=42,364)



1. Persons with HIV are based on the named reports from April 2006 to December 2010. The map does not include HIV persons who had been previously reported by code in LAC but had not yet been re-ascertained with name as of 12/31/2010.
 2. Rates are based on population estimates (PEPS) for 2009.

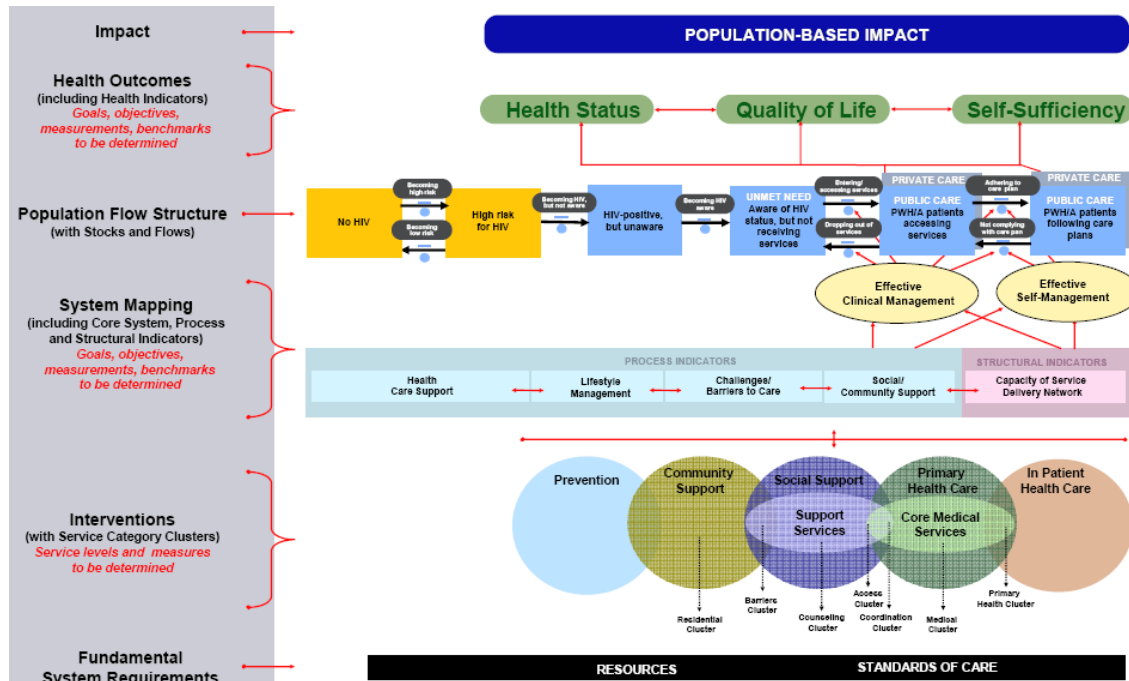
B. HIV Continuum of Care

The Commission adopted an HIV Continuum of Care model³ (see Figure 2) that describes how HIV services can be best utilized by consumers to achieve an improved understanding of:

- how services improve individual/overall health
- how the system helps patients/clients optimize their care/treatment
- how services help PLWHA maximize health care benefits
- what services are and how they integrate with other community support systems

The HIV Continuum of Care also includes impact, health outcomes, health indicators, population flow structure, system mapping (with process and structural indicators), and interventions. Systems mapping links services with outcomes and impact and identifies a common set of indicators to ensure consistency of assessment. Indicators are measured for a purpose, not just for measurement sake, and drive system improvements. The interventions include seven service clusters (medical, primary health, access, coordination, counseling/education, barriers and residential) that comprise the services prioritized by the Commission.

Figure 2: Los Angeles County HIV Continuum of Care



The Commission’s continuing strategic planning process is designed to elicit community and stakeholder feedback to determine the future planning of HIV/AIDS services in LAC. As a result of this participatory process, broad goals of the Ryan White care delivery system were adopted and include:

- **Health Outcomes:** Optimize health status and quality of life for people with HIV/AIDS and maximize their self-sufficiency and independent lifestyles.
- **Service Delivery:** Provide consistently high-quality care, treatment and prevention services in a coordinated, seamless continuum of care.
- **Responsiveness:** Make services geographically and population specific by altering the “one size fits all” model to address more specific regional and local needs while continuing to advance the “one-stop shopping” model.
- **Unmet Need:** Promote aggressive outreach and case-finding to estimate and engage people who know their HIV status, but who are not in care, and respond to their needs with innovative measures and services.
- **Service Coordination:** Interface between HIV services and other, non-specific HIV services and other health care systems to prepare for the possible future unavailability of specific HIV funding and/or to improve service delivery.
- **Collaboration:** Partner with other services, systems and funding streams to ensure the most effective use of resources, to leverage limited funds, to optimize service delivery, and to champion better prevention, health and access.
- **Quality of Care:** Review and update standards of care, outcomes and indicators, incorporate benchmarks and best practices into service delivery, and enhance evidence-based evaluation to better assess and improve quality of care.

- **Service Effectiveness:** Determine how well services are delivered and how effective those services are by evaluating consumer input and feedback, measuring health outcomes, indicators, utilization data, trends and exploring new models and practices.
- **Cost Efficiency:** Develop performance-based reimbursement systems, implement cost-saving measures without risking quality or quantity of care, and invest in prevention and early intervention to mitigate the financial and emotional burden of HIV care and treatment.
- **Leadership Development:** Facilitate consumer and provider participation and enhance comprehensive training and education for local consumer and provider leadership.
- **Information Technology:** Support service quality, efficiency and effectiveness through comprehensive data management systems and electronic records that trace patients and clients through the continuum of prevention and care.

The LACHNA-Care needs assessment is part of this continuum of care, as it provides vital information about both the familiarity PLWHA have about services, as well as how those services are actually utilized. The main objectives of LACHNA-Care are:

- To describe the populations receiving Ryan White-funded services;
- To evaluate the awareness of HIV services;
- To assess the need for HIV services;
- To characterize HIV services received;
- To characterize HIV services needed but not received (i.e., service gaps);
- To describe accessibility and satisfaction with services received;
- To determine barriers to service utilization; and
- To characterize risk behaviors for HIV-positive persons who are receiving HIV services

C. Survey Methodology

i. Survey Design:

The 2010-11 LACHNA-Care survey utilized a cross-sectional study design with a two-stage proportional-to-size sampling design to obtain a statistically representative sample of agencies and clients in the Ryan White service delivery system.^{7,8} A representative sample of agencies was selected to ensure generalizability of the data to all of the Ryan White-funded agencies in LAC and a representative sample of clients was also selected in order to facilitate generalizability to all of the clients in the Ryan White system of care.

ii. Client Eligibility:

Eligible participants had to be age 18 years of age or older, HIV-positive, and a LAC resident receiving Ryan White-funded services from one of the sampled agencies.

iii. Informed Consent/Incentives:

Prior to being interviewed, all participants signed an informed consent and HIPPA authorization form approved by the institutional review boards (IRBs) at the participating service sites to ensure human subjects protections. Additionally, a certificate of confidentiality was obtained from HRSA to ensure

patient identities were protected to the fullest extent of the law. Interviews took approximately 30-45 minutes to complete and each participant was compensated for their time with \$30 in gift cards to local stores (e.g., Target, Ralphs).

iv. Sampling Method Overview:

The two-stage probability proportional-to-size sampling method has been used previously to identify representative samples of HIV-infected persons in HIV care.^{7,8} The first sampling stage for LACHNA-Care involved identifying a representative sample of 49 of the approximately 100 Ryan White-funded service sites. The sampling probability for service sites was proportional to their size, with larger service sites having a higher probability of being sampled and smaller service sites having a lower probability. Service site size was determined by the number of Ryan White-funded clients each service site reported to the Casewatch system in FY09 (March 2009-February 2010). The second sampling stage involved selection of a random sample of participants from the service sites selected in the first sampling stage. Sample size calculations were conducted and it was determined that a sample of 400 individuals was sufficient to represent the approximately 18,545 clients in the Ryan White system of care. This calculation assumed a 5% margin of error, a 50% response distribution and a 95% confidence level. An additional 50 participants were oversampled from hard-to-reach populations (e.g., transgender individuals, injection drug users, and youth), resulting in a total sample size of 450 persons. Interviews were completed from January-July 2011. The service site response rate was 100% and the participant response rate was 94% for an overall study response rate of 94%.

v. Service Site Sampling:

Of the 100 service sites that received Ryan White funding in LAC in 2009, 49 (49%) were selected to participate (see Table 1 below). To ensure that all types of service sites would be represented, sites were stratified into five agency types: HIV clinical care, support services, residential care and housing services, substance abuse services and oral health care. Service site selection was based on the size of a service site within these groupings.

Table 1: Sampled LACHNA-Care Service Sites with Number of Clients Interviewed by Service Type

Service Type	Service Site	# Clients Interviewed
HIV Clinical Care	AIDS Healthcare Foundation Downtown	16
	AIDS Healthcare Foundation Lancaster	<5
	AIDS Healthcare Foundation San Fernando Valley	9
	AIDS Healthcare Foundation Westside	25
	AIDS Healthcare Foundation Whittier	7
	AltaMed Whittier	18
	City of Long Beach – AIDS Program	9
	City of Pasadena Public Health Department	9
	East Valley Community Health Center – Pomona	6
	JWCH Institute Center for Community Health	<5
	L.A. Gay and Lesbian Center (Jeffery Goodman Clinic)	30
	LAC Hubert H. Humphrey Comprehensive Health Care	6
	LAC+Harbor/UCLA Medical Center	9

	LAC+Olive View /UCLA Medical Center	7
	LAC+USC Rand Schrader 5P21 Clinic	19
	Martin Luther King Jr./Drew Medical Center (OASIS)	22
	Northeast Valley Health Corporation	10
	St. Mary's Medical Center CARE Program & Clinics	19
	Tarzana Treatment Centers	15
	USC Maternal and Child Adolescent Clinic	10
Residential Care and Housing Services	PATH – People Assisting the Homeless	<5
	Project New Hope – Benton/Dallas House	<5
	Project New Hope – Frank Cala House	<5
	Salvation Army Alegria Emergency Shelter	<5
	Serra Ancillary – Casa De Nuestra Senora	<5
Support Services	AIDS Project Los Angeles – Necessities of Life Program Metro	15
	AIDS Project Los Angeles – Necessities of Life Program South	10
	AIDS Project Los Angeles – Necessities of Life Program South Bay	7
	AIDS Project Los Angeles – Social services	27
	AIDS Service Center	8
	Being Alive – PWA Action Coalition	6
	BIENESTAR – East LA	11
	Common Ground	6
	Minority AIDS Project	7
	South Bay Family Healthcare Center	6
	Special Services for Groups (Asian Pacific AIDS Intervention Team)	6
	Spectrum	7
	Whittier Rio Hondo AIDS Project	5
	Women Alive	6
Substance Abuse Services	Behavioral Health Services – Redgate	<5
	CRI-HELP	<5
	LACADA (L.A. Center for Alcohol & Drug Abuse)	<5
	Substance Abuse Foundation – Sobriety House	<5
	Van Ness Recovery House	7
	Watts Healthcare Corporation – House of Uhuru	<5
Oral Health Care	AIDS Project Los Angeles – Downtown Oral Health Clinic	25
	AIDS Project Los Angeles – S Mark Taper Foundation Services	6
	Northeast Valley Health Corporation – Oral health	7
	St. Mary's Medical Center CARE Program & Clinics – Oral health	9

vi. Agency Recruitment:

Agencies selected to participate were sent a letter from the Commission explaining the survey. Following receipt of the letter, all agencies were contacted by research staff to collect information necessary to complete the real-time sampling procedure (e.g., hours of operation, estimated number of Ryan White-eligible clients seen in a given day). Initially 38 agencies were selected, but two were removed from the sample after selection due to the fact that they had closed or services had been

transferred back to a centralized location. The final agency sample size was 36. Some agencies provided services at several locations around the county. This included one agency that had six service sites, three of which were selected to participate (APLA Necessities of Life Program). Thus, of the 36 agencies recruited, sampling was conducted at 49 service sites.

vii. Client Sampling:

The overall goal of the client sampling stage was to identify a statistically representative sample of LACHNA-Care eligible participants that reflected both the demographic and regional diversity of the epidemic in LAC. A real-time sampling procedure was implemented to determine which persons were selected to participate. Aspects of this sampling methodology have shown to be effective at recruiting statistically representative population-based samples from other surveys, including the National HIV Behavioral Surveillance (NHBS) project.

viii. Client Recruitment:

Real-time sampling was used to recruit study participants. Real-time sampling is a method where eligible participants are sampled as they arrive for services and has been successfully implemented in studies using similar multi-stage sampling frames.⁹ Several steps were used to determine the number of individuals that were sampled and interviewed at each agency. The method used is designed to ensure that the sample was proportional to size and took into account both stages of the sampling frame (facility-p1 and patient-p2). To determine the within-service site sampling probability (p2), the equation $p2=k/p1$ (k =overall sampling probability, for certainty selection service site $k=1$) was applied. In an effort to ensure that the sample was not biased by the time of day participants sought services, the average daily number of clients seen for each day of the week was collected for all service sites. These numbers were then placed in numerical order and separated into four quartiles. Sites that saw very few clients a day (less than 10) were in the first quartile and every eligible participant at these smaller service sites was asked to take part in the survey. For service sites that saw 11-20 clients in a given day, every other eligible client was approached for participation. The sampling order for patient recruitment by number of clients seen per day at a service site is shown in Table 2. Depending on the hours of operation of a given program or site, the number of clients seen could vary dramatically by the day of the week. This sampling scheme was universally implemented across all sampled sites to ensure that participant selection was appropriately adjusted if sampling took place over several days at a given site and the number of clients seen varied across those days.

There was no limit to the number of interviews that could be conducted at a particular site in one day. Sites that could not accommodate LACHNA-Care staff on the day/time selected were randomly re-sampled for a later time. Service sites were informed when the staff would arrive about a week prior to recruitment. Service sites were instructed to not inform their clients about the survey or make any special announcements in order to keep recruitment as random as possible.

Table 2: Sampling Order for Patient Recruitment for Real-Time Sampling Procedure		
Quartile	Range of Clients Seen per Day	Sampling Order for Patient Recruitment
1	1-10	Every Patient
2	11-20	Every Other Patient
3	21-35	Every 3rd Patient
4	>36	Every 4th patient

Many tools were used by both research and agency staff to encourage client recruitment. Agency staff helped ensure that only participants who received Ryan White-funded services were recruited for participation. Additionally, facility staff at the larger facilities distributed a “Research Announcement” flyer to each potential participant. This IRB-approved flyer stated that people from the public health department would be conducting a survey and that clients may be approached to participate. The flyer was designed to reduce potential confusion that participants might experience when research staff approached them to discuss participation. Additionally, research staff conducted recruitment and consent procedures in a private, confidential, quiet space away from waiting rooms where they could not be overheard. All interviews took place the same day as recruitment in keeping with real-time sampling procedures.

ix. Oversampling for Special Populations:

Once recruitment of the initial 400 participants was completed, an additional 50 participants were recruited from populations considered hard-to-reach and determined by the Commission as important for further study. It was decided that an additional 15 injection drug users, 15 transgender individuals and 20 youth would be recruited to ensure that at least 30 participants were included from the special populations in the study sample. The same sampling scheme described above was used to recruit the oversampled populations. The main differences were that recruitment took place from a smaller subset of service sites (eight) where members from these particular populations had previously been recruited. During the oversampling phase, each eligible person recruited was interviewed due to the fact that few members of these populations sought services at a given time.

Another concern was to ensure that the LACHNA-Care sample reflected the geographic diversity of the epidemic in LAC as required from HRSA. Though sampling did not take geography into account, Table 3 below includes a comparison of PLWHA by SPA to that of both LACHNA-Care service site location and number of participants interviewed. In general, the distribution of both LACHNA-Care sampled service sites and participants was consistent with the geographic distribution of the epidemic in LAC.

Table 3: Comparison of Proportions of PLWHA in LAC by SPA (N=42,295)¹ to the LACHNA-Care Sample by Service Site Location (n=49) and Number of Interviews Completed (n=450)

SPA	Distribution of Epidemic¹ n (%)	Service Sites Sampled² n (%)	Distribution of Interviews n (%)
1. Antelope Valley	534 (1)	<5 (2)	<5 (1)
2. San Fernando	5,870 (14)	7 (15)	50 (11)
3. San Gabriel	2,886 (7)	<5 (6)	23 (5)
4. Metro	16,445 (39)	15 (32)	171 (38)
5. West	2,339 (6)	<5 (4)	31 (7)
6. South	4,420 (10)	7 (15)	59 (13)
7. East	2,636 (6)	<5 (9)	41 (9)
8. South Bay	7,165 (17)	10 (21)	72 (16)

¹HIV Epidemiology Program, Los Angeles County Department of Public Health, 2010 Annual HIV Surveillance Report, 2011.

²Some sites are in multiple locations that are not necessarily located in the same SPA; 36 agencies were selected and 49 service sites were sampled.

x. Non-Responders:

Overall, 94% of all clients approached to participate consented to be interviewed. For those who chose not to participate, basic demographic information was collected. This information included: service site, age, gender, race/ethnicity, and reason for non-participation. The majority (54%) of non-responders stated that the reason they could not participate in the survey was due to time constraints. Other reasons for non-participation included: too ill or tired to participate and not knowing how to use a computer. The demographic characteristics of the responders were not compared to the non-responders because there were too few non-responders for meaningful analysis.

xi. Sampling Bias and Generalizability:

Great care was taken to reduce all sources of bias when possible. Due to the high response rate (94%), the potential effects of non-responder bias is minimal. LACHNA-Care staff did occasionally rely on agency staff to confirm that a sampled participant was a member of the target population (i.e., receiving Ryan White-funded services).

Respondents who completed the survey encountered few problems. Research staff was available to assist respondents if they needed assistance. Assistance included helping participants who were unfamiliar with the use of a computer or a mouse, clarification of terms, or confusion with the survey instrument software. A total of four interviews were discarded and replaced with a new interview from the same site. It was determined that one interview should be removed due to unreliable information (i.e., subject rushed through interview and either did not read or skipped most of the questions). Also, three duplicate interviews were detected. In each case, interviews were conducted at two different sites. In these instances, the original interview was retained and new participants were recruited to replace the duplicate interviews.

One potential source of bias is from the survey instrument. Respondents had very different computer abilities and LACHNA-Care staff had to assist some respondents more than others with the survey. This help included assistance with reading questions with smaller type, and instructions on how the mouse worked and the typing of some responses. Four participants were legally blind and in these instances LACHNA-Care staff conducted an interviewer-administered survey instead. Additionally, some participants had more difficulty understanding the intent of a particular question. All respondents were instructed to ask LACHNA-Care staff for clarification instead of skipping a question. At the end of all surveys, staff quantified the amount of assistance a participant received. No demographic or other differences were detected based on the amount of assistance a respondent received.

The ultimate goal of this survey was to accurately assess service needs, utilization, gaps and satisfaction with HIV services for PLWHA in LAC. The data collected in LACHNA-Care are likely generalizable to the larger population of clients in the Ryan White system due to the fact that the effective sample size was reached, high response rates were achieved, recruitment occurred in a consistent manner, and there was representative geographic distribution of survey respondents compared to the target population.

D. Survey Instrument

Surveys were conducted in either Spanish or English on laptop computers using computer-assisted self-interview (CASI) software with assistance from research professionals as needed. Data were collected on participants' awareness, need, utilization, gaps and satisfaction with a variety of HIV services available to low-income HIV-positive LAC residents. Additionally, information regarding demographics, insurance

status, HIV testing history, sexual behaviors, substance use, mental health and oral health were also collected. The questions were formatted to be consistent with comparable US Centers for Disease and Control and Prevention (CDC) surveys. The survey took approximately 30-45 minutes to complete and included the following eight sections:

i. Demographics:

Demographic data were collected on race/ethnicity, gender, age, language, homelessness, insurance status and economic status.

1) Race/Ethnicity: Race and ethnicity were measured in LACHNA-Care using standardized categories established by the U.S. Office of Management and Budget (OMB), which include American Indian/Alaskan Native, Asian/Pacific Islander, Black/African American, and White.¹⁰ These categories were used as they are consistent with both the US census as well as local surveillance procedures. Respondents were not limited in the number of groups with which they could identify. Additionally, all individuals were asked if they considered themselves Hispanic or Latino. Individuals who stated that they were from Hispanic/Latino ancestry were considered Latino, regardless of with what race they identified. Individuals who chose a single race were classified as belonging to that group. A small number of individuals identified with more than one racial group (n=13) and these individuals were classified as mixed race.

2) Gender: Gender was measured using recommendations from the UCSF Center for Excellence.¹¹ This was done to better identify transgender individuals, so participants were asked both their biological sex (sex at birth) and gender (how they perceive themselves now). Males were defined as anyone who identified themselves as male at birth and also as their gender. Females were defined in the same way (female at birth and female gender). Individuals were classified as transgender if they 1) identified their gender as transgender or, 2) there was discordance between sex at birth and current gender (e.g., identified their sex at birth as male and gender as female).

3) Age: All LACHNA-Care participants were asked their date of birth for screening purposes (only adults 18 years or older were eligible to participate). Age at time of interview is presented for all participants and was based on date of interview. Two priority populations that were identified by age were youth under 24 years old and older adults over 50. In addition, the LAC Prevention Planning Committee (PPC) identified youth as a critical population with special needs. A recent study of minority HIV youth in Los Angeles revealed that most participants (78%) reported a critical or immediate need for a variety of support services (housing, nutritional support, substance abuse treatment or mental health services) at enrollment.¹² Age was categorized as youth 18-24 years old (youth), 25-49 years old (middle-aged adults) and those over 50 years of age (older adults).

4) Language: Latino individuals were classified as either being Latino Spanish speakers or Latino English speakers. For the purposes of this report, a Latino Spanish speaker was defined as an individual who identified as being Hispanic/Latino on the survey and whose preference was to complete the survey in Spanish. A Latino English speaker was an individual who identified as being Hispanic/Latino on the survey and whose preference was to complete the survey in English. All respondents who identified as Hispanic/Latino were classified into one of these two categories.

5) Homelessness: California has the largest homeless population in the United States, and Los Angeles County has the largest concentration of homeless individuals in the state (Homeless Research

Institute at the National Alliance to End Homelessness, 2009).¹³ The federal definition, from the US Department of Housing and Urban Development (HUD),¹⁴ was used to classify respondents as being either currently or chronically homeless. A respondent was considered currently homeless if they listed their current residence as a car or other vehicle, abandoned or vacant building, outside (street, park, beach, or underpass), emergency shelter or mission, transitional housing or hotel without a lease. Chronically homeless were respondents who reported four or more episodes of homelessness (living in any of the situations listed above) in the past three years, or reporting continuously living in one of the above mentioned locations for one year or more. Though there is considerable overlap between these two categories, they are not considered interchangeable.

6) Insurance Status: All respondents were asked about their insurance status. Uninsured participants are those who reported not having any insurance in the past 12 months. Publicly-insured respondents were participants who reported receiving either: Medi-Cal, Medicare, Indian Health Services (IHS), or VA/CHAMPS Coverage in the past 12 months. The majority of respondents in this category reported receiving Medi-Cal, Medicare or a combination of both.

7) Economic Status: The Federal Poverty Guidelines (FPG) was used as a proxy measure of the economic status of participants. FPG is a standardized calculation from the federal government to determine the economic status of a person based on their income and number of dependents in their household.¹⁵ Participants who listed their FPG at or below the federal standards were considered to have a low economic status, individuals whose economic status was 101%-300% of FPG were considered having a middle economic status and individuals at or above 301% of FPG were considered to have a high economic status. The proportion of individuals in the high economic status category was too low to present any meaningful data.

ii. HIV Testing History and HIV/AIDS Medical Care:

Data were collected on length of time each person had been HIV positive, HIV/AIDS status, location of care and antiretroviral treatment (ART) medication information.

iii. Service Utilization:

The service utilization section of the survey included detailed information regarding when a person tested positive for HIV, when they first sought medical treatment and any reported gaps in accessing medical care. This included barriers related to why a person returned to medical care after not seeing the doctor after a break in care, and how respondents felt about their current medical care.

iv. Service Utilization and Effectiveness:

This section contained a series of questions on all 47 service categories regarding awareness of services, need for services, receipt of services, gaps in services, satisfaction with services received, and barriers to accessing needed services that were not received (service gaps).

v. Sexual Risk Behaviors:

This section asked participants about the number and kinds of all recent (past 6 months) sexual partners.

vi. Substance Use Behaviors:

This section included information on recent (past 6 months) alcohol and substance use, including injection drug use behaviors.

vii. Oral Health Care:

This section included information about oral health care, including time since last appointment, number of appointments in the past year and existence of any common oral health symptoms (e.g., excessive dry mouth or thrush).

viii. Comments/Conclusions:

This section thanked consumers for their feedback and allowed participants to comment on the survey.

To ensure no duplication of participation, client names were also collected in accordance with IRB-approved HIPAA (Health Insurance Portability and Accountability Act) guidelines.

E. Service Clusters

Clients were questioned about a total of 47 HIV services that were categorized into four service clusters: Health-Related (16), Case Management (6), Residential Care, Housing and Transportation (11), and Support Services (14). See Table 4 below for each individual service within each cluster and see Appendix A for a description of the specific language used in the survey for each service listed below.

Table 4: List of 47 HIV Services by Service Cluster, 2010-11 LACHNA-Care Survey

Service Cluster	Service
Health-Related Services	AIDS Drug Assistance Program (ADAP)
	Counseling and Testing in Care Settings
	Health Education/Risk Reduction
	Home Health Care
	Hospice
	Local Pharmacy Program/Drug Reimbursement
	Medical Nutrition Therapy
	Medical Outpatient
	Medical Specialty
	Mental Health, Psychiatry
	Oral Health Care
	Rehabilitation
	Skilled Nursing
	Substance Abuse, Treatment – Methadone
	Substance Abuse, Treatment – Outpatient
	Treatment Education
Case Management Services	Home-based Case Management
	Housing Case Management
	Medical Case Management

	Psychosocial Case Management
	Transitional Case Management – Criminal Justice
	Transitional Case Management – Youth
Residential Care, Housing and Transportation Services	Emergency Shelter
	Medical Transportation – Bus Passes
	Medical Transportation – Bus Tokens
	Medical Transportation – Taxi Vouchers
	Permanent Supportive Housing
	Rental Assistance
	Residential Care Facility for the Chronically Ill
	Short Term Rent, Mortgage, Utility Assistance
	Substance Abuse, Residential
	Transitional Housing
	Transitional Residential Care Facility
Support Services	Benefits Specialty
	Child Care
	Health Insurance Premiums and Cost Sharing
	HIV LA Directory
	Language/Interpretation
	Legal
	Mental Health, Psychotherapy
	Nutrition Support – Food Bank
	Nutrition Support – Home Delivered Meals
	Outreach
	Peer Support
	Referrals
	Respite Care
	Workforce Entry/Re-entry

F. Defining Variables of Interest

The presentation of LACHNA-Care data will focus on awareness of services, need for services, receipt of services, gaps in services and barriers experienced in accessing services. Below are detailed definitions for these variables:

i. Awareness of Services:

For each of the 47 service categories, all respondents were asked whether they were aware that the service existed for PLWHA in LAC (for example, “Please check all of the **Health-Related** services you are **AWARE** HIV-positive individuals could receive: *Ongoing medical care for HIV disease*”). If a respondent selected this service on the survey, they were considered to be aware of this service.

ii. Need for Services:

For each of the 47 service categories, all respondents were asked whether they needed the service in the past year (for example, “Please check all of the **Health-Related** services you **NEEDED** in the past 12 months: *Ongoing medical care for HIV disease*”). If a respondent selected this service on the survey, they were considered to either currently or recently (past 12 months), have a need for this particular service.

iii. Services Received:

For each of the 47 service categories, all respondents were asked which services they had received in the past year (for example, “Please check all of the **Health-Related** services you have **RECEIVED** in the past 12 months: *Ongoing medical care for HIV disease*”). If a respondent selected this service on the survey, they were considered to have received this particular service, either currently or recently (past 12 months).

iv. Any Service Need:

Please note that for analysis purposes a new need category called, “Any Service Need” was created. If a respondent stated that they either needed, or received, any of the services listed then they were counted as having a type of service need. This category was created to compare participants with any service need to those with no service needs.

v. Service Gap:

A service gap was considered a service that someone needed but did not receive. Any respondent reporting that they needed a service in the past 12 months and also indicated that they had not received that service was considered to have a gap in that service category.

vi. Barriers to Service Categories:

Survey participants were asked if they experienced any barriers to accessing services for each of the 47 service categories. Barriers were broadly categorized into three types: structural, organizational, and individual. Structural barriers included: too much paperwork or red tape or too many rules and regulations. Organizational barriers included: service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals. Individual barriers included: I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help. When possible, responses that were written in were classified into the above-mentioned categories.

G. Special Populations of Interest

The Commission identified 15 specific populations with special HIV care and service needs. The special populations are not mutually exclusive as an individual may fit into more than one category. The special populations considered here were:

- i. **African Americans/Blacks:** individuals who identify as African American or Black.

- ii. **Currently/Chronically Homeless:** individuals who are homeless are those who live in one of the following places (currently homeless) or have lived for more than four times in the past three years or continuously for at least one year (chronically homeless): a car or other vehicle; an abandoned or vacant building; outside (street, park, beach, or underpass); an emergency shelter or mission; transitional housing; and/or a hotel without a lease.
- iii. **Incarcerated/Formerly Incarcerated:** individuals who report that they have been incarcerated at least once in the past 12 months.
- iv. **Latinos:** individuals who identify as Latino or Hispanic.
- v. **Men of Color Who Have Sex With Men (MSM):** individuals who identify as: 1) male; 2) either African American/Black, Asian or Pacific Islander, Latino/Hispanic, or American Indian/Alaska Native; and 3) gay/homosexual or indicate that they have sex with men.
- vi. **Mentally Ill (severe, persistent mental illness):** persons who indicate that they have been diagnosed with, and are currently experiencing symptoms of/taking medication for, any of the following in the past 12 months: depression, schizophrenia, anxiety disorder, or bipolar disorder.
- vii. **Monolingual Latinos:** individuals who report that they primarily speak Spanish or completed the survey in Spanish.
- viii. **American Indian/Alaska Native:** persons who identify as American Indian/Alaska Native.
- ix. **People with Sensory Disabilities/Impairments:** individuals who indicate that they have been told by a doctor or other healthcare provider that they are legally blind or deaf.
- x. **Sex Workers/People Engaged in Survival or Exchange Sex:** individuals who indicate that they exchanged sex for money or other things that they needed such as food, a place to stay, or drugs within the past 6 months.
- xi. **Injection Drug Users (IDUs):** individuals who indicate that they injected any of the following substances within the past 6 months: crystal methamphetamine; cocaine; heroin; any other drugs (including prescription drugs, not used according to prescription [abused] or not prescribed to them), or used a needle to inject steroid, hormones or other substances, or for home tattooing in the past 6 months.
- xii. **Transgender Individuals:** persons who identify themselves as transgender, or an individual who was born as one gender (e.g., male) but currently identifies as either transgender or the opposite gender (e.g., female).
- xiii. **Undocumented Latinos:** persons who indicate residency status as undocumented.
- xiv. **Women:** individuals who identify as female.
- xv. **Youth/Adolescents:** individuals who are between the ages of 18 and 24.

H. Analysis

i. Analyses for Overall LACHNA-Care Study Group:

1) Demographic Analyses: Descriptive demographic data are presented for the LACHNA-Care participants and the total clients in the Ryan White services system for FY 2009.

2) Analyses by Awareness and Need for Services: Data are presented in table form for the whole study group according to the service cluster and individual service category that respondents were aware of in rank order. Data are then presented according to the service type that respondents needed in rank order for the overall service clusters and also by individual service category.

3) Analyses by Services Received, Accessibility and Satisfaction: Data are then presented in figure form by rank order of services received by the largest proportion of respondents, with percent reporting ease of access and percent reporting satisfaction included for the ten most commonly-received services.

4) Analyses by Service Gaps and Barriers: Service gaps are presented as the absolute difference between the percent of respondents reporting a need for a service and the percent who received the service for the five service clusters and also for the 10 individual service categories with the largest gaps. Services are ranked according to the size of the service gap. For the five service clusters and the 10 service types with the largest gaps, the percentage of respondents reporting each barrier type (i.e., structural, organizational and individual) are also presented.

ii. Analyses by Gender:

1) Epidemiologic Data by Gender: The HIV/AIDS surveillance data for persons living with HIV/AIDS LAC as of December 2010 is presented by gender and mode of exposure and gender and race/ethnicity.

2) Analyses for Males:

a) Analyses by Awareness and Need for Services: Data on awareness for services are presented in table form for the males for the top 10 service categories with the greatest awareness. Data are also presented for males on the top 10 service categories with the greatest need in rank order. Additionally, the 10 services respondents were least aware of and expressed the least need for are presented.

b) Analyses by Services Received, Accessibility and Satisfaction: Data are presented on the top 10 individual service categories received in rank order with percent reporting accessibility and percent reporting satisfaction superimposed in the same figure.

c) Analyses by Service Gaps and Barriers: Service gaps are presented as the absolute difference between the percent of respondents reporting a need for a service and the percent who received the service for the 10 individual service categories with the largest gaps. Services are ranked according to the size of the service gap. For the 10

service types with the largest gaps, the percentage of respondents reporting each barrier type (i.e., structural, organizational and individual) are also presented.

3) Analyses for Females: The analyses described above for males (H.ii.2a-c) are also presented for females only (n=81).

4) Analyses for Transgender Individuals: The analyses described above for males (H.ii.2a-c) are presented for transgender individuals only (n=32).

iii. Analyses by Age:

1) Epidemiologic Data by Age: The age distribution of persons living with HIV/AIDS in LAC as of December 2010 is presented.

2) Analyses for Youth (ages 18-24): The analyses described above for males (H.ii.2a-c) are presented for youth ages 18-24 only (n=31).

3) Analyses for Middle-Aged Adults (ages 25-49): The analyses described above for males (H.ii.2a-c) are presented for middle-aged adults, ages 25-29 only (n=284).

4) Analyses for Older Adults (ages 50 and older): The analyses described above for males (H.ii.2a-c) are presented for older adults ages 50 and above only (n=135).

iv. Analyses by Race/Ethnicity:

1) Epidemiologic Data by Race/Ethnicity: The racial/ethnic distribution is presented for PWLHA, as well as the whole population of Ryan White clients living with HIV/AIDS in LAC as of December 2010 is presented.

2) Analyses for Latinos: The analyses described above for males (H.ii.2a-c) are presented for Latinos only (n=213).

3) Analyses for African Americans: The analyses described above for males (H.ii.2a-c) are presented for African Americans only (n=107).

4) Analyses for Whites: The analyses described above for males (H.ii.2a-c) are presented for whites only (n=93).

4) Analyses for Other Racial/Ethnic Groups: The analyses described above for males (H.ii.2a-c) are presented for other racial/ethnic groups that include Asian Pacific Islanders, American Indian/Alaskan Natives and Persons of Mixed Race (n=30).

v. Analyses by Language:

1) Spanish-Speaking Latinos: The analyses described above for males (H.ii.2a-c) are presented for Spanish-speaking Latinos only (n=100).

2) English-Speaking Latinos: The analyses described above for males (H.ii.2a-c) are presented for English-speaking Latinos only (n=111).

vi. Analyses by Sexual Orientation:

- 1) Gay and Lesbian Persons:** The analyses described above for males (H.ii2a-c) are presented for gay and lesbian persons only (n=227).
- 2) Heterosexual Persons:** The analyses described above for males (H.ii2a-c) are presented for heterosexual persons only (n=161).
- 3) Bisexual Persons:** The analyses described above for males (H.ii2a-c) are presented for bisexual persons only (n=55).

vii. Analyses by Men who have Sex with Men (MSM) Status:

- 1) MSM:** The analyses described above for males (H.ii2a-c) are presented for MSM only (n=262).
- 2) Non-MSM:** The analyses described above for males (H.ii2a-c) are presented for non-MSM only (n=75).

viii. Analyses by Minority Men who have Sex with Men (MSM) Status:

- 1) Latino MSM:** The analyses described above for males (H.ii2a-c) are presented for Latino MSM only (n=118).
- 2) African American MSM:** The analyses described above for males (H.ii2a-c) are presented for African American MSM only (n=52).
- 3) Other MSM:** The analyses described above for males (H.ii2a-c) are presented for Asian Pacific Islanders, American Indian/Alaskan Natives and Persons of Mixed Race MSM only (n=20).

ix. Analyses by Homeless Status:

- 1) Currently Homeless:** The analyses described above for males (H.ii2a-c) are presented for persons who are currently homeless only (n=54).
- 2) Chronically Homeless:** The analyses described above for males (H.ii2a-c) are presented for chronically homeless persons only (n=75).

ix. Analyses by Insurance Status:

- 1) Uninsured:** The analyses described above for males (H.ii2a-c) are presented for uninsured persons only (n=54).
- 2) Publicly-Insured:** The analyses described above for males (H.ii2a-c) are presented for publicly-insured persons only (n=172).
- 2) Privately-Insured:** The analyses described above for males (H.ii2a-c) are presented for privately-insured persons only (n=13).

ix. Analyses by Economic Status:

1) Low Economic Status (LES): The analyses described above for males (H.ii2a-c) are presented for persons who are considered low economic status only (n=289).

2) Medium Economic Status (MES): The analyses described above for males (H.ii2a-c) are presented for medium economic status persons only (n=126).

ix. Analyses for Recently Incarcerated:

The analyses described above for males (H.ii2a-c) are presented for persons who were recently (past 12 months) incarcerated in the previous 12 months (n=41).

x. Analyses for Persons with Mental Illness:

The analyses described above for males (H.ii2a-c) are presented for persons who have had symptoms commonly associated with a mental illness in the previous 12 months (n=173).

xi. Analyses for Injection Drug Users (IDU):

The analyses described above for males (H.ii2a-c) are presented for IDU (n=32).

xii. Special Analyses for Persons Lacking Oral Health Care:

The analyses described above for males (H.ii2a-c) are presented for persons reporting no oral health care in the previous 12 months (n=206).

xiii. Special Analyses for Persons with Housing Needs:

The analyses described above for males (H.ii2a-c) are presented for persons with recent (past 12 months) housing needs (n=292).

xiv. Special Analyses for Substance Users:

The analyses described above for males (H.ii2a-c) are presented for current (past 6 months) substance users (n=185).

xv. Special Analyses on Predictors of Service Gaps:

Logistic regression modeling was conducted to examine associations between various sociodemographic factors and gaps in the following: a) overall service needs, b) health-related service needs, c) residential care and housing services, d) transportation services, e) case management services, f) other support services that do not include case management, and g) oral health care.

xvi. Statistical Software:

All analysis for this report was conducted using SAS V9.2 (SAS Institute, Cary NC). When presenting descriptive statistics, all tables and figures present values in percents unless specified. Cells where the

actual value is less than five ($n < 5$) are presented with “NR”. Departmental policy does not allow for small values such as these to be presented, as results drawn may be unreliable and misleading.

xvii. Statistical Methods:

Much of the statistical analysis was focused on understanding predictors of gaps in service needs. Several statistical methods were used to analyze these data including: t-tests, ANOVA, odds ratios and logistic regression. Unless otherwise specified, standard cutoff values ($p = 0.05$) were used to determine statistical significance. Means were presented with variances and odds ratios were accompanied by 95% confidence limits. Different levels of analysis were conducted for each demographic group presented based on available data and Commission needs.

Logistic regression analysis was utilized to better determine predictors of gaps in service needs for specific populations and subgroups. Variables to include in the models were selected based on a combination of significant results from bivariate analyses and model selection techniques.¹⁰ Separate analyses were conducted to predict the presence of any service gaps for the entire study population, as well as for Whites, Blacks and Latinos separately, while controlling for confounding variables. Additionally, separate analyses were conducted to identify the predictors of service gaps for each of the service clusters (e.g., health-related, case management, housing, transportation and support services). Logistic regression analysis was also used to identify predictors of gaps for oral health care.

I. Data Weighting

For analysis purposes design weights¹¹ were added to populations that were oversampled. This was done to ensure that the influence of these populations is proportional to that of the population as a whole when performing statistical analyses. For transgender individuals and youth ages 18-24, data from the Casewatch system was used to obtain standard weights. For injection drug users, HIV surveillance data was used as this information is not reliably collected in the Casewatch system.

J. Data Interpretation

While many tests might achieve statistical significance ($p < 0.05$), this does not necessarily imply clinically significance findings worthy of policy recommendations. Based on the size of this dataset, and the distribution of the data, statistical significance can be achieved even though there may be very little actual difference detected between the variables of interest. These data should be interpreted cautiously for subsequent reports or grant applications.

K. Limitations

This study has many limitations that should be taken into account while interpreting results. This survey was primarily conducted among an in-care population (i.e., individuals who are currently receiving medical care or other services). For this reason very few individuals with unmet medical needs are included. These individuals most likely have the greatest barriers to receiving a variety of services about which we do not know.

Another limitation is that not all services that a person accessed may be funded by Ryan White. Individuals may access a variety of services with different funding sources. Due to this fact it is impossible to know if all the services a participant stated they were receiving were all Ryan White

funded. Lastly, it should be noted that many services (such as residential care and housing services) have strict eligibility requirements. There may be certain services for which individuals noted a gap (i.e., expressed a need for but did not receive it) but for which they were not eligible to receive. This has the potential of overestimating the amount of reported service gaps, but to what extent is unclear from this data.

II. Assessment of Need

A: LACHNA-Care Population

A.1 Demographic Description

A comparison of the demographics of the LACHNA-Care HIV-positive respondents to that of PLWHA who were provided services in the Ryan White system in FY 2009 is shown in Table 5. In general, the demographic characteristics of the LACHNA-Care participants are comparable to the clients in the Ryan White system. Due to the oversampling of transgender individuals, youth (18-24) and injection drug users (IDU), the representation of these subgroups in LACHNA-Care is larger compared to the Ryan White population. It should also be noted that some demographic variables collected in the LACHNA-Care survey are not collected by the Ryan White Casewatch system.

Table 5. Demographic Characteristics of LACHNA-Care Participants and Ryan White Clients

	LACHNA-Care Participants (n=450)		Ryan White FY 2009 Clients (N=18,545) ¹
	Frequency	Percent	Percent
Gender			
Male	337	74.9	83.6
Female	81	18.0	14.6
Transgender Individual	32	7.1	1.8
Age Group			
18-24 yrs	31	6.9	4.0
25-29 yrs	27	6.0	7.2
30-39 yrs	87	19.3	23.5
40-49 yrs	170	37.8	39.3
50+ yrs	135	30.0	26.1
Race/Ethnicity²			
Latino/Hispanic	213	47.3	47.9
African-American/Black	107	23.7	23.1
Asian/Pacific Islander	14	3.1	3.2
Native American/Alaskan Native	<5	0.7	0.5
White/Caucasian	93	20.7	24.9
Mixed/Other race or ethnicity	13	2.9	0.4
Primary Language Spoken			
English	233	51.8	--
Bilingual English/Spanish	111	24.7	--
Spanish	100	22.2	19.6
Other	6	1.3	5.0
Sexual Orientation			
Homosexual, Gay/Lesbian	227	50.4	--
Bisexual	55	12.2	--
Heterosexual/Straight	161	35.8	--
Don't Know/Refused to Answer	7	1.6	--

Men Who Have Sex With Men (MSM) Status³

MSM	262	77.7	--
Non-MSM	75	22.3	--

Insurance Status

No Insurance	250	55.6	61.2
Private Insurance	13	2.9	5.4
Public Insurance (includes Medi-Cal/Medicare)	172	38.2	30.6
Don't Know/Refused	15	3.3	2.8

Current Employment Status

Full-time (35 hrs or more)	35	7.8	--
Part-time (<35 hrs)	81	18.0	--
Unemployed (looking for work)	102	22.7	--
Unemployed (not looking for work)	68	15.1	--
Retired/Homemaker/Disabled/Student	163	36.2	--
Other	<5	0.2	--

Education Completed

Never Attended School	7	1.6	--
Up to Grade 8	48	10.7	--
Up to Grade 11	82	18.2	--
High School Graduate/GED	127	28.2	--
Some college, associate's or technical degree	144	33.0	--
Bachelor's degree	29	6.4	--
Any Post-Graduate studies	13	2.9	--

Annual Income (2010)⁴

< \$10,000	188	41.7	--
\$10,000-\$19,999	177	39.3	--
\$20,000-\$29,999	29	6.4	--
\$30,000-\$39,999	16	3.6	--
\$40,000-\$49,999	15	3.3	--
≥\$50,000	18	4.0	--

Federal Poverty Guidelines (FPG)

At or Below FPG	289	64.2	64.4
101-200% of FPG	104	23.1	26.0
201-300% of FPG	22	4.9	6.0
301-400% of FPG	15	3.3	2.2
>400% of FPG	13	2.9	1.2
Unknown	7	1.6	0.2

Injection Drug Use (IDU)⁵

IDU	32	7.1	--
Non-IDU	418	92.9	--

Current Housing Status⁶

Homeless	54	12.0	6.2
Not Homeless	396	88.0	93.8

Chronically Homeless⁷

Homeless	75	16.7	--
Not Homeless	375	83.3	--

¹ Office of AIDS Programs and Policy, Los Angeles County Department of Public Health, HIV Care and Treatment Service Utilization: 2009 Year End Report, March 2011.

² Several participants (n=7; 1.6%) refused to state.

³ All biological males who either report being gay/bisexual or sex with male partner in past 12 months.

⁴ Several participants (n=7; 1.6%) refused to state.

⁵ Reported injecting either amphetamines/methamphetamines, cocaine/crack, or heroin in the past six months.

⁶ Listed current residence as: a car or other vehicle, abandoned or vacant building, outside (street, park, beach, or underpass), emergency shelter or mission, transitional housing or hotel without a lease.

⁷ Respondents listed at least four episodes of homelessness (primary residence as: a car or other vehicle, abandoned or vacant building, outside (street, park, beach, or underpass), emergency shelter or mission, transitional housing or hotel without a lease) within past three yrs or living continuously for at least one year at one of these locations.

-- Information not reported to Casewatch

A.2 Total LACHNA-Care Sample

i. Service Awareness for Total LACHNA-Care Sample:

Nearly all respondents were aware of HIV services available to them, with the greatest awareness for the health-related service cluster (98.4%), which included medical outpatient and oral health care. Awareness for other service clusters ranged from 78.7% (transportation services) to 92.0% (case management services; see Table 6a). See Appendix B for a complete list of service awareness, need for services, receipt of services and gaps in services for all 47 HIV service categories.

Table 6a: Number and Percentage of LACHNA-Care Participants Aware of Service Clusters (n=450)

Service Cluster	No.	% Aware
All HIV Services	446	99.1
Health-Related Services	443	98.4
Case Management Services	414	92.0
Support Services	407	90.4
Residential Care and Housing Services	362	80.4
Transportation Services	354	78.7

The top 10 individual services that respondents were aware of are listed in rank order below in Table 6b. Of the 47 individual service categories, the proportion of awareness for an individual service type ranged from 19.1% to 89.1% for the entire study group. The average number of services that respondents were aware of was 21.3 (45.3%) and ranged from 0-47. Although not shown, the lowest-ranked service was hospice, with only 19.1% of the population stating that they were aware of this service. For a complete ranking of all services by awareness please refer to Table 130 in Appendix C.

Table 6b: Overall Ranking of Service Awareness for LACHNA-Care Participants (n=450)

Service Category	Rank	% Aware
Medical Outpatient	1	89.1
Psychosocial Case Management	2	86.0
AIDS Drug Assistance Program (ADAP)	3	81.3
Oral Health Care	4	72.7
Medical Transportation – Bus Passes	5	72.4

Mental Health, Psychiatry	6	72.2
Nutrition Support – Food Bank	7	70.7
Counseling and Testing in Care Settings	8	69.3
Medical Nutrition Therapy	9	67.6
Rental Assistance	10	66.9

The 10 individual services of which respondents were the least aware are listed below in Table 7. As previously mentioned, the individual service participants were the least aware of was hospice.

Table 7: Ranking of Services with the Least Awareness for LACHNA-Care Participants (n=450)

Service Category	Rank	% Aware
Hospice	47	19.1%
Rehabilitation	46	19.6%
Respite Care	45	19.8%
Child Care	44	20.9%
Substance Abuse, Treatment – Methadone	43	21.3%
Skilled Nursing	42	22.0%
Transitional Residential Care Facility	41	23.6%
Language/Interpretation	40	26.0%
Residential Care Facility for the Chronically Ill	39	26.9%
Home-based Case Management /Transitional Case Management	38/37	27.8%

ii. Overall Service Needs by Service Type and Overall Ranking of Service Needs:

Nearly all respondents had a need for one of the HIV services, with the greatest need for a health-related service (99.6%), which included medical outpatient and oral health care (see Table 8a). The need for other services ranged from 64.9% (residential care and housing service need) to 86% (case management service need).

Table 8a: Overall Number and Proportion of LACHNA-Care Participants Having Any Service Need by Service Clusters (n=450)

Service Cluster	No.	% Need
All HIV Services	449	99.7
Health-Related Services	448	99.6
Case Management Services	387	86.0
Support Services	378	84.0
Transportation Services	340	75.6
Residential Care and Housing Services	292	64.9

The top 10 individual service categories that respondents reported a need for are listed in rank order below in Table 8b. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.8% to 93.8% for the total study group. The average number of services that respondents stated they needed was 11.6 (24.7%), and ranged from 0 to 47. Although not shown, the lowest-ranked service overall was child care with only 1.8% of the population stated that they needed this service in the past 12 months. For a complete ranking of all services by need, please refer to Table 131 in Appendix D.

Table 8b: Overall Ranking of Service Needs for LACHNA-Care Participants (n=450)

Service Category	Rank	% Need
Medical Outpatient	1	93.8
Oral Health Care	2	82.9
Psychosocial Case Management	3	79.8
AIDS Drug Assistance Program (ADAP)	4	74.4
Medical Transportation – Bus Passes	5	68.4
Nutrition Support – Food Bank	6	59.1
Medical Nutrition Therapy	7	54.4
Rental Assistance	8	48.7
Mental Health, Psychiatry	9	45.1
Medical Specialty	10	38.9

The 10 individual services that respondents expressed the least need for are listed below in Table 9. As previously mentioned, child care was the individual service participants needed the least.

Table 9: Ranking of Services with the Least Need for LACHNA-Care Participants (n=450)

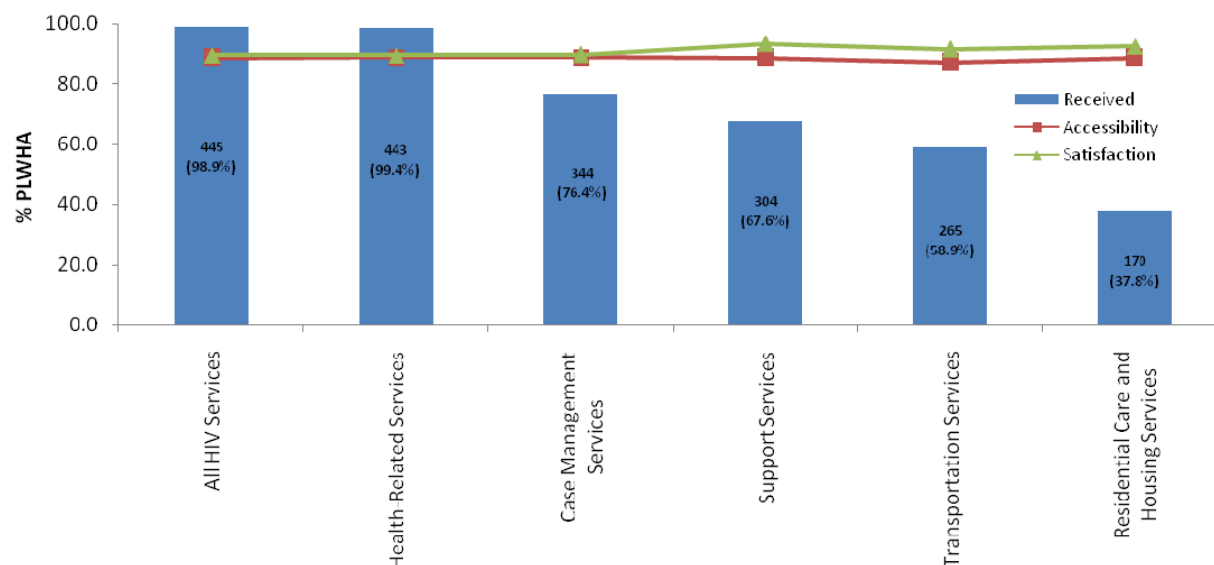
Service Category	Rank	% Aware
Child Care	47	1.8%
Substance Abuse, Treatment - Methadone	46	2.2%
Respite Care	45	2.7%
Hospice	44	2.9%
Skilled Nursing	43	3.1%
Residential Care Facility for the Chronically Ill	42	4.0%
Language/Interpretation	41	4.0%
Home-based Case Management	40	4.2%
Transitional Residential Care Facility	39	4.2%
Transitional Case Management – Youth	38	4.4%

iii. Overall Ranking of Services Received:

The proportion of services by cluster respondents reported receiving in the past 12 months are in the blue bar graph of Figure 3a below. Nearly all respondents received HIV services with the greatest proportion receiving health-related services (98.4%). Proportions receiving other services ranged from 37.8% (residential care and housing services) to 76.4% (case management services).

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Overall, 88.6% of the population stated they had no access problems. Satisfaction was also high with 89.4% of all respondents stating that they were satisfied with the services that they were receiving (see Figure 3a).

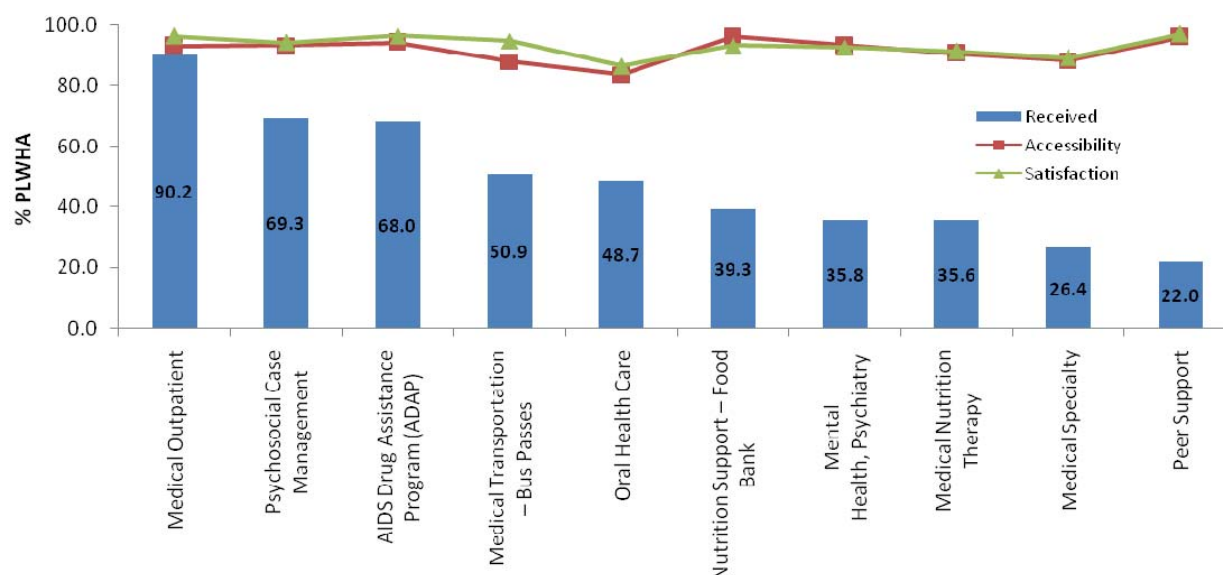
Figure 3a: Overall Percentage of Service Clusters Received and Percentage Reporting Accessibility and Satisfaction with Each Service Cluster (n=450)



The top 10 service categories that respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 3b. Of the 47 individual service categories, the percentage of services received ranged from 0.9% to 90.2% for the entire study group. The average number of services that respondents received was 7.5 (16.0%) and ranged from 0 to 44. Although not shown, the lowest-ranked service received was hospice with only 0.9% of the population stating that they received this service in the past 12 months. For a complete ranking of all services by ones received please refer to Table 132 in Appendix E.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles).

Figure 3b: Top 10 Services Received by LACHNA-Care Participants and Percentage Reporting Accessibility and Satisfaction for Each Service (n=450)



iv. Service Gaps:

Service gaps are the absolute difference between the percent of respondents reporting a need for a service and the percent of respondents who received that service. The majority of respondents reported at least one individual service gap (80.6%) with the largest gap for the residential care and housing service cluster (64.4%). Gaps for other service clusters ranged from 35.0% (transportation services) to 60.6% (support services). The most common barrier to receiving the major service clusters was an individual barrier (i.e., not knowing where to go for this service or not knowing that the service was available; see Table 10a).

Table 10a: Overall Percentage Service Gaps and Barriers to Services reported by Service Cluster for LACHNA-Care Participants (n=450)

Service Cluster	% Gap ¹	Barrier Types ²		
		Structural ³	Organizational ⁴	Individual ⁵
All HIV Services	80.6	35.1	26.6	35.1
Residential Care and Housing Services	64.4	25.0	26.2	44.1
Support Services	60.6	17.4	23.5	54.6
Health-Related Services	59.8	23.2	21.5	48.5
Transportation Services	35.0	15.5	15.5	62.7
Case Management Services	29.2	17.9	14.7	63.2

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

The top 10 individual service categories with the largest gaps and barriers are listed in Table 10b. Among all survey respondents, 34.2% reported that they needed but were unable to obtain oral health care, resulting in the largest individual service category gap for all LACHNA-Care participants. Additionally, individual barriers (i.e., not knowing where to go for this service or not knowing that the service was available) were the major reasons respondents could not access services. For a complete ranking of all services by reported gaps please refer to Table 133 in Appendix F.

Table 10b: Overall Ranking of Service Gaps and Barriers to Individual Service Categories Reported by LACHNA-Care Participants (n=450)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	34.2	22.0	18.9	53.8
Rental Assistance	2	28.0	20.5	30.8	42.7
Short Term Rent, Mortgage, Utility Assistance	3	20.0	12.8	12.8	65.4
Nutrition Support – Food Bank	4	19.8	NR	22.4	69.7
Medical Nutrition Therapy	5	18.9	10.0	15.7	68.6
Medical Transportation – Bus Passes	6	17.6	13.9	11.1	68.1
Housing Case Management	7	15.1	14.5	14.5	62.9
Medical Transportation – Taxi Vouchers	8	14.0	10.0	10.0	73.3
Benefits Specialty	9	12.7	24.5	15.1	58.5
Medical Specialty	10	12.4	33.3	23.1	35.9

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

A.3 Analysis of Service Gaps

Detailed analysis on gaps in services can be found in section **IV: Further Analysis** (pg. 130).

A.4 Notable Findings

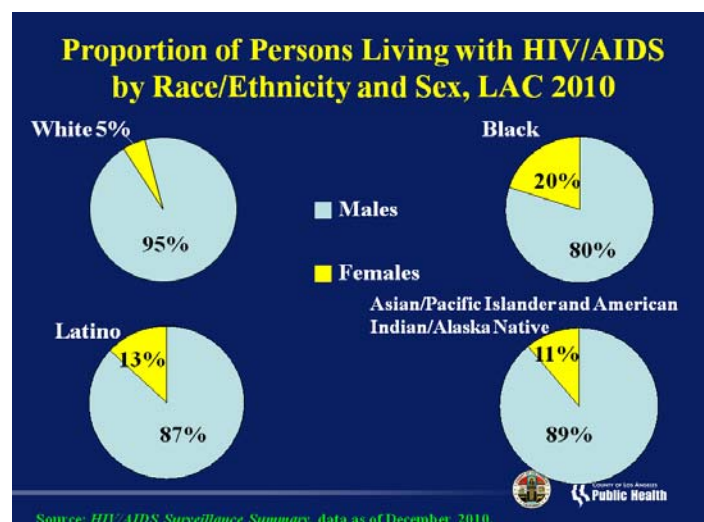
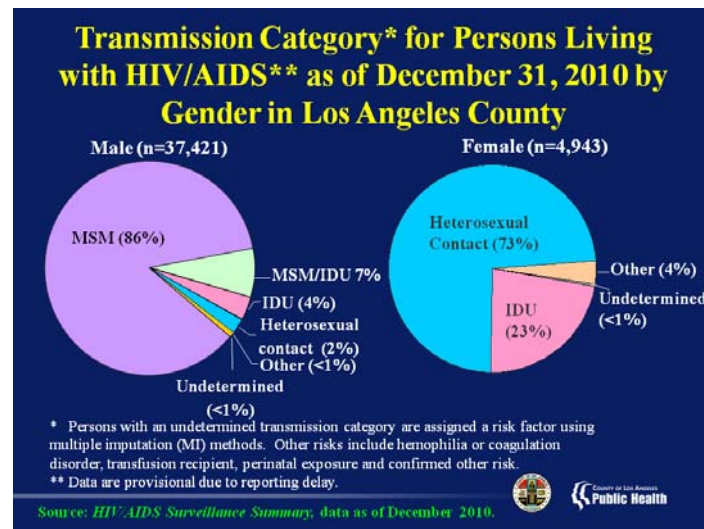
- The service that respondents stated that they were most aware of, expressed the most need for and actually received was medical outpatient.
- As all respondents were surveyed at HIV service sites, it is surprising that 24 participants (5%) stated that they were not currently receiving HIV medical care.
- At least one service from each of the clusters (Health-related, Case Management, Residential Care/Housing and Transportation, and Support Services) was in the top 10 services that respondents were aware of, needed, and received.
- Overall, satisfaction with the services consumers received was very high (89.4%), and very few reported having any problems accessing needed services. Since the proportion reporting access problems was so small, information on any barriers reported (structural, organizational or individual) were too few to present in this report.

- The largest gaps for the service clusters was for residential care and housing services (64.4%), support services (60.6%) and health-related services (59.8%).
- The largest gaps for individual service categories were for oral health care (34.2%), rental assistance (28.0%) and Short Term Rent, Mortgage, Utility Assistance (20.0%).
- For the 10 service categories with the greatest service gaps, most participants stated that individual barriers were the primary reason that they were not able to access these services.

B. Gender

The majority of PLWHA, both nationally and in LAC, are male, and comprise 87% of all infections in LAC.⁶ Infections among women are a much smaller proportion of PLWHA, but females of color (specifically Latinas and African Americans) continue to be impacted disproportionately. Men and women are still infected in different ways, with men infected primarily through male-to-male sexual contact (86%) and women through heterosexual contact (73%) or IDU (23%).

Figure 4: Distributions of Both Mode of Transmission and Racial/Ethnic Breakdown by Gender for PLWHA in LAC (N=42,364)



B.1 Males

i. Ranking of Service Awareness of Males:

There were 337 male respondents in the LACHNA-Care survey, comprising 74.9% of the study group. The top 10 services for which respondents were aware of are listed below in Table 11. Of the 47 individual service categories, the proportion of respondents with awareness of a service ranged from 17.5% to 88.4% for males. The average number of services that male respondents were aware of was 21.0 (44.7%), and ranged from 0-47. Not shown was the lowest-ranked service, which was child care with only 17.5% of males stating that they were aware of this service.

Table 11: Overall Ranking of Service Awareness of LACHNA-Care Male Participants (n=337)

Service Category	Rank	% Aware
Medical Outpatient	1	88.4
Psychosocial Case Management	2	86.7
AIDS Drug Assistance Program (ADAP)	3	81.3
Mental Health, Psychiatry	4	73.9
Oral Health Care	5	73.6
Nutrition Support – Food Bank	6	70.6
Counseling and Testing in Care Settings	7	70.0
Medical Transportation – Bus Passes	8	70.0
Rental Assistance	9	66.8
Medical Nutrition Therapy	10	65.6

ii. Overall Ranking of Service Needs of Males:

The top 10 services for which male respondents reported any need are listed below in Table 12. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 0.6% to 92.1%. The average number of services that male respondents stated that they needed was 11.4 (24.3%), and ranged from 0-44. Not shown was the lowest-ranked service, which was child care, with only 0.6% of this population stating that they needed this service in the past 12 months.

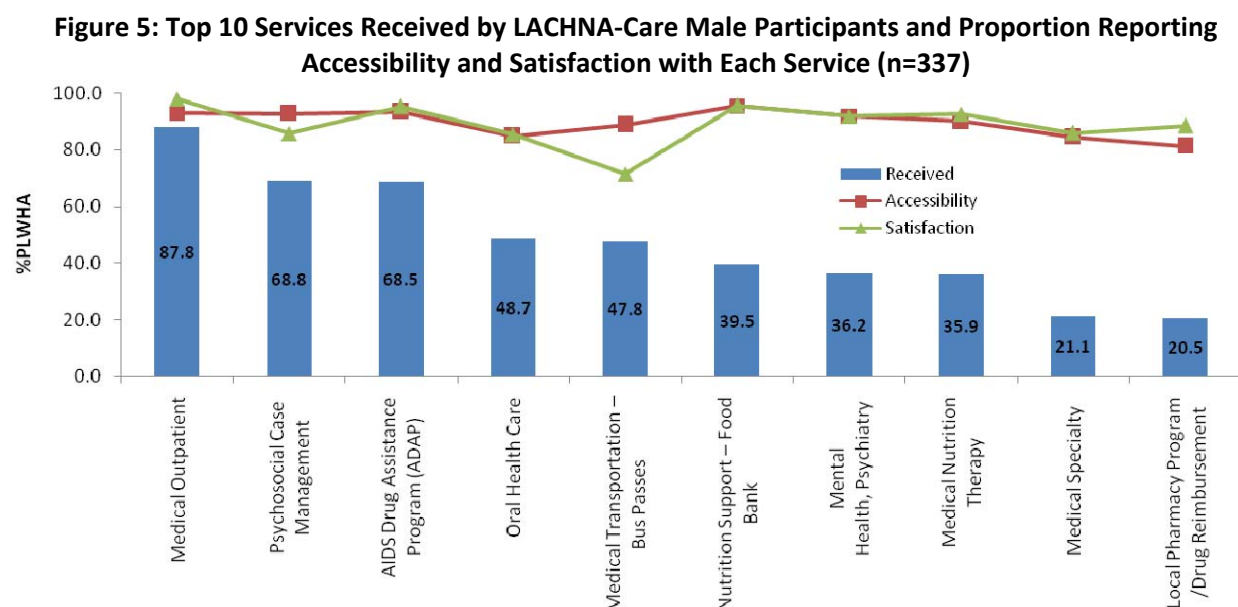
Table 12: Overall Ranking of Service Needs of LACHNA-Care Male Participants (n=337)

Service Category	Rank	% Need
Medical Outpatient	1	92.0
Oral Health Care	2	81.6
Psychosocial Case Management	3	78.3
AIDS Drug Assistance Program (ADAP)	4	76.9
Medical Transportation – Bus Passes	5	66.5
Nutrition Support – Food Bank	6	58.8
Medical Nutrition Therapy	7	53.4
Rental Assistance	8	48.7
Mental Health, Psychiatry	9	44.5
Local Pharmacy Program/Drug Reimbursement	10	34.1

iii. Overall Ranking of Services Received by Males:

The top 10 services for which male respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 5 below. Of the 47 individual service categories, the proportion of respondents that received a service ranged from 0.3% to 87.8%. The average number of services male respondents received was 7.2 (15.3%), and ranged from 0-35. Although, not shown, the lowest-ranked service was skilled nursing with only 0.3% of males stating that they had received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 5 below contains this information for the top 10 services received by males. Overall, 88.0% of males stated that they had no problems accessing needed services. Satisfaction was also quite high with 87.9% of respondents stating that they were satisfied with the services that they received.



iv. Service Gaps Reported by Males:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed below in Table 13. Among male survey respondents, 32.9% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among LACHNA-Care participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 13: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Male Participants (n=337)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	32.9	17.0	22.0	55.0

Rental Assistance	2	29.4	21.3	30.9	42.6
Short Term Rent, Mortgage, Utility Assistance	3	21.1	15.6	12.5	64.1
Nutrition Support – Food Bank	4	19.3	NR	23.3	71.7
Medical Transportation – Bus Passes	5	18.7	11.9	11.9	69.5
Medical Nutrition Therapy	6	17.5	NR	15.1	69.8
Housing Case Management	7	16.3	18.0	14.0	60.0
Local Pharmacy Program/Drug Reimbursement	8	13.6	14.3	19.1	57.1
Medical Transportation – Taxi Vouchers	9	13.6	10.9	6.5	76.1
Benefits Specialty	10	12.8	21.4	14.3	61.9

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

B.2 Female

i. Overall Ranking of Service Awareness of Females:

There were 81 female respondents in the LACHNA-Care survey, comprising 18.0% of the cohort. The top 10 services for which female respondents were aware of are listed below in Table 14. Of the 47 individual service categories, the proportion of respondents with awareness of a service ranged from 14.8% to 91.4%. The average number of services that female respondents were aware of was 21.4 (45.5%), and ranged from 1-47. Although, not shown, the lowest-ranked service was respite care, with only 14.8% of females stating that they were aware of it.

Table 14: Overall Ranking of Service Awareness of LACHNA-Care Female Participants (n=81)

Service Category	Rank	% Aware
Medical Outpatient	1	91.4
Psychosocial Case Management	2	82.7
AIDS Drug Assistance Program (ADAP)	3	81.5
Medical Transportation – Bus Passes	4	76.5
Medical Nutrition Therapy	5	71.6
Oral Health Care	6	70.4
Nutrition Support – Food Bank	7	69.1
Counseling and Testing in Care Settings	8	67.9
Rental Assistance	9	66.7
Mental Health, Psychiatry	10	66.7

ii. Overall Ranking of Service Needs of Females:

The top 10 services for which female respondents reported any need are listed below in Table 15. Of the 47 individual service categories, the proportion of female respondents needing a service ranged from

0% to 100%. The average number of services that females needed was 11.2 (23.8%) and ranged from 4-29. Not shown was the lowest-ranked services that no females stated that they had needed in the past 12 months, which were substance abuse, treatment – methadone and rehabilitation.

Table 15: Overall Ranking of Service Needs of LACHNA-Care Female Participants (n=81)

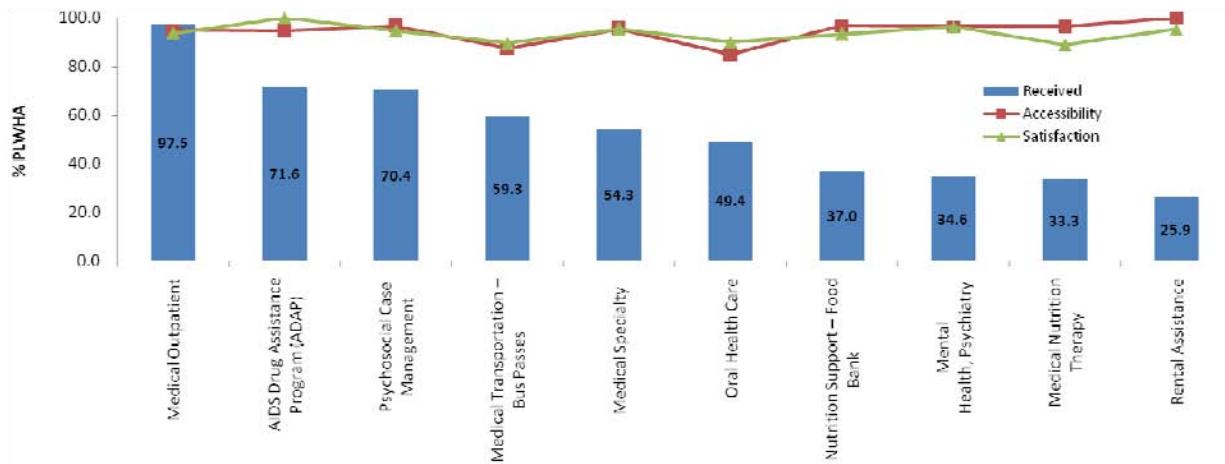
Service Category	Rank	% Need
Medical Outpatient	1	100.0
Oral Health Care	2	84.0
Psychosocial case management	3	82.7
AIDS Drug Assistance Program (ADAP)	4	72.8
Medical Transportation – Bus Passes	5	70.4
Medical Specialty	6	69.1
Nutrition Support – Food Bank	7	58.0
Medical Nutrition Therapy	8	55.6
Mental Health, Psychiatry	9	46.9
Rental Assistance	10	45.7

iii. Overall Ranking of Services Received by Females:

The top 10 services for which females reported receiving in the past 12 months are listed in the blue bar graph in Figure 6 below. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 0% to 97.5%. The average number of services that females received was 7.8 and ranged from 2-25. Not shown are the lowest-ranked services that no females needed in the past 12 months, and included: substance abuse, treatment – methadone, rehabilitation, transitional residential care, nutrition support – home delivered meals, and legal assistance.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 6 below contains this information for the top 10 services received. Overall, very few females stated they had any problems accessing needed services with 94.3% on average stating they had no access problems. Satisfaction was also high with 97.4% of females stating that they were satisfied with the services they received.

Figure 6: Top 10 Services Received by LACHNA-Care Female Participants and Percentage Reporting Accessibility and Satisfaction for Each Service (n=81)



iv. Service Gaps for Females:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers for females are listed in Table 16. Among female survey respondents, 34.6% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among LACHNA-Care female participants. Additionally, females mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining oral health care.

Table 16: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Female Participants (n=81)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	34.6	26.1	NR	60.9
Medical Nutrition Therapy	2	22.2	NR	NR	53.9
Nutrition Support – Food Bank	3	21.0	NR	NR	71.4
Rental Assistance	4	19.8	NR	NR	53.5
HIV LA Directory	5	18.5	NR	NR	77.9
Short Term Rent, Mortgage, Utility Assistance	6	14.8	NR	NR	80.0
Medical Specialty	7	14.8	NR	NR	NR
Medical Transportation – Taxi Vouchers	8	13.6	NR	NR	70.0
Peer Support	9	13.6	NR	NR	NR
Psychosocial Case Management	10	12.3	NR	NR	71.4

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

B.3 Transgender Individuals

i. Overall Ranking of Service Awareness of Transgender Individuals:

There were 32 transgender respondents in the LACHNA-Care survey, comprising 7.1% of the study group. The top 9 services that transgender persons were aware of are listed below in Table 17. Of the 47 individual service categories, the proportion of awareness of a service among respondents ranged from 15.6% to 90.6%. The average number of services that transgender individuals were aware of was 23.8 (50.6%) and ranged from 2-47. Although not shown, the lowest-ranked service was rehabilitation, with only 15.6% of this population stating that they were aware of it.

Table 17: Overall Ranking of Service Awareness of LACHNA-Care Transgender Participants (n=32)

Service Category	Rank	% Aware
Medical Outpatient	1	90.6
Psychosocial Case Management	2	87.5
Medical Transportation – Bus Passes	2	87.5
AIDS Drug Assistance Program (ADAP)	4	81.3
Medical Nutrition Therapy	5	78.1
Nutrition Support – Food Bank	6	75.0
Oral Health Care	7	68.8
Mental Health, Psychiatry	8	68.8
Rental Assistance	9	68.8

ii. Overall Ranking of Service Needs of Transgender Individuals:

The top 10 services for which transgender individuals reported any need are listed below in Table 18. Of the 47 individual service categories, the proportion with a need for a service ranged from 3.1% to 96.9%. The average number of services needed by transgender individuals was 14.2 (30.2%), and ranged from 4-47. Not shown are the lowest-ranked services, both of which only 3.1% of this population stated they had needed in the past 12 months, and included hospice and skilled nursing.

Table 18: Overall Ranking of Service Needs of LACHNA-Care Transgender Participants (n=32)

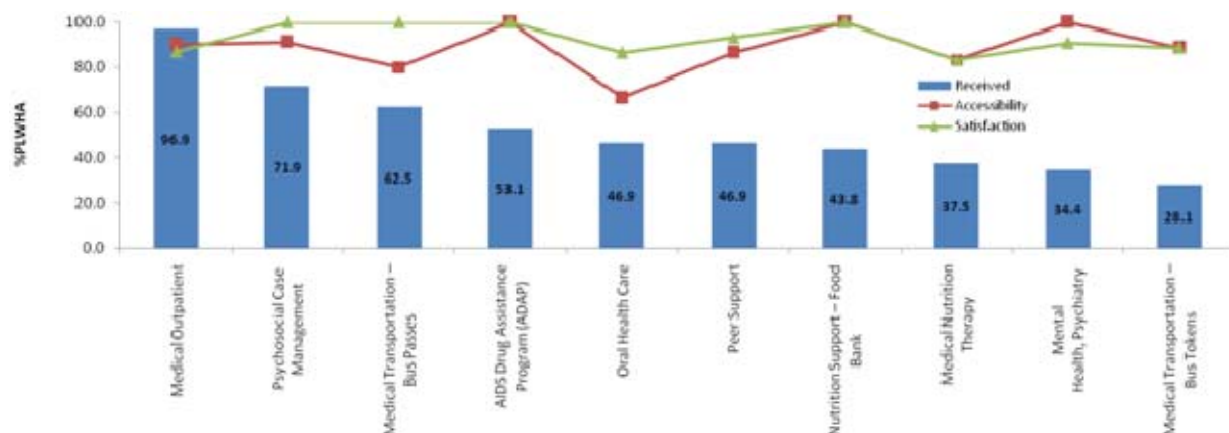
Service Category	Rank	% Need
Medical Outpatient	1	96.8
Oral Health Care	2	93.8
Psychosocial Case Management	3	87.5
Medical Transportation – Bus Passes	4	84.4
Nutrition Support – Food Bank	5	65.6
Medical Nutrition Therapy	6	62.5
Rental Assistance	7	56.3
AIDS Drug Assistance Program (ADAP)	8	53.1
Mental Health, Psychiatry	9	46.9
Peer Support	10	46.9

iii. Overall Ranking of Services Received by Transgender Individuals:

The top 10 services transgender individuals reported receiving in the past 12 months are listed in Figure 7. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 3.1% to 96.9%. The average number of services that transgender respondents received was 9.6 (20.4%), and ranged from 3-44. Not shown are the lowest-ranked services, all of which only 3.1% of this population stated that they needed in the past 12 months, and includes hospice, skilled nursing and transitional residential care facility.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 7 contains this information for the top 10 services received. Overall, 87.2% of this population stated that they had no problems accessing needed services. Satisfaction was also high with 91.3% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 7: Top 10 Services Received by LACHNA-Care Transgender Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=32)



iv. Service Gaps for Transgender Individuals:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed below in Table 19. Among transgender survey respondents, 46.9% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among LACHNA-Care participants. Since the number of transgender respondents is so small (n=31), very little reliable information regarding barriers to services could be obtained.

Table 19: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Transgender Participants (n=32)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	46.9	66.7	NR	NR

Rental Assistance	2	34.4	NR	NR	NR
Medical Specialty	3	25.0	NR	NR	NR
Medical Nutrition Therapy	4	25.0	NR	NR	NR
Medical Transportation – Bus Passes	5	21.9	NR	NR	NR
Short Term Rent, Mortgage, Utility Assistance	6	21.9	NR	NR	NR
Nutrition Support – Food Bank	7	21.9	NR	NR	NR
Medical Transportation – Taxi Vouchers	8	18.8	NR	NR	NR
Mental Health, Psychotherapy	9	18.8	NR	NR	NR
Psychosocial Case Management	10	15.6	NR	NR	NR

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

B.4 Analysis of Service Gaps by Gender

Table 20 below details differences in the average number of HIV service gaps reported by gender. The table presents this analysis for all services, as well as by each service cluster; see Table 4 above (pg. 13) for a detailed description of service clusters. Since there were multiple (more than 2) groups to compare, results from an ANOVA test are presented in the table, with significant results ($p \leq 0.05$) from individual comparison tests (t-test's) highlighted in the footnotes. Based on these results, no real differences in the mean number of HIV services, or in any specific service type, were detected by gender.

Table 20: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Gender

Service Cluster	Gender	Mean Number Service Gaps (SD)	ANOVA F-value (p-value)
All HIV Services (n=401)	Male	3.9 (3.7)	0.86 (p=0.42)
	Female	4.7 (4.6)	
	Transgender	5.0 (5.8)	
Health-Related Services (n=351)	Male	1.6 (1.3)	0.58 (p=0.56)
	Female	1.8 (1.7)	
	Transgender	2.0 (2.1)	
Case Management Services (n=236)	Male	0.6 (0.7)	0.53 (p=0.59)
	Female	0.7 (0.9)	
	Transgender	0.5 (0.5)	
Transportation Services (n=205)	Male	0.8 (0.8)	0.63 (p=0.54)
	Female	0.9 (1.0)	
	Transgender	1.1 (0.9)	
Residential Care and	Male	1.4 (1.6)	0.28 (p=0.76)

Housing Services (n=228)	Female	1.6 (1.3)	0.03 (p=0.97)
	Transgender	1.7 (1.6)	
Support Services (n=289)	Male	1.8 (1.4)	
	Female	1.8 (1.7)	
	Transgender	1.9 (2.5)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services, 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

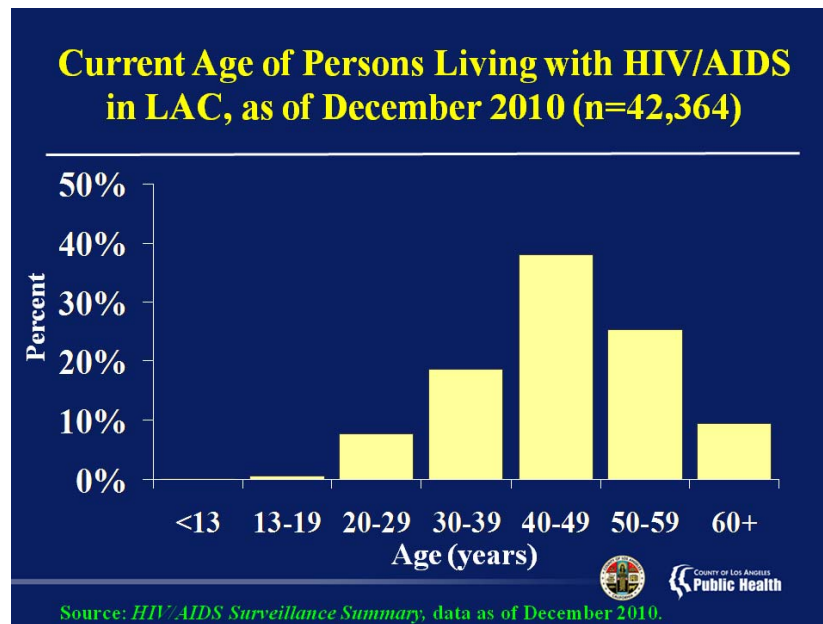
B.5 Notable Findings

- Among the three gender populations, transgender individuals were aware of more services, needed more services and received more services.
- As with the entire cohort, the top two services that respondents were aware of, reported needing and received (medical outpatient, and psychosocial case management) did not vary by gender.
- Additionally, a majority of the top 10 services that respondents expressed a need for were also fairly consistent by gender. The main exception was females, of which 69.1% expressed needing specialty medical care. This was the 6th most needed service for females, but did not make the top 10 for either males or transgender individuals.
- Transgender individuals were the only gender group that ranked peer support in the top ten needed services, with nearly half (46.9) reporting needing this service. Peer support was also the 6th most service received by transgender individuals, but it was not in the top ten services received by males or females.
- Oral health care was consistently reported as the largest gap in services for all gender groups (32.9%-46.9%).
- Roughly half of all transgender individuals stated that they were receiving oral health care, and half reported a service gap for it (49.6%), representing the largest gap in care for any one service among all subpopulations presented in this report.
- Females reported the highest percentage of ability to access services and satisfaction with the services that they received.
- Most of the barriers to accessing services reported by men were classified as individual barriers. Due to the reduced sample sizes for both females and transgender individuals, too few respondents reported barrier types, making interpretations unreliable.
- No differences were detected in the number of reported individual service gaps overall and by specific service cluster by gender.

C. Age

The majority of all PLWHA in LAC are between 40-49 years of age and the average age was 46 years.⁶ Youth under 20 comprise a small proportion of the population (<1%), and about 35% are 50 or older. With the introduction of HAART, AIDS-related deaths have decreased dramatically over the past 15 years, creating a growing population of older adults (over 50 years old) infected with HIV (see graph below).^{6, 12}

Figure 8: Distribution of PLWHA in LAC by Age (N=42,364)



C.1 Youth (18-24 years old)

i. Overall Ranking of Service Awareness of Youth:

There were 31 respondents in the LACHNA-Care survey classified as youth, comprising 6.9% of the study group. The top 9 services that youth respondents were aware of are listed below in Table 21. Of the 47 individual service categories, the proportion of awareness among respondents of a service ranged from 9.7% to 93.6% for youth. The average number of services youth were aware of was 20.5 (43.6%), and ranged from 3-46. Although not shown, the two lowest-ranked services were hospice and language/interpretation, with only 9.7% of youth stating that they were aware of these services.

Table 21: Overall Ranking of Service Awareness of LACHNA-Care Youth Participants (n=31)

Service Category	Rank	% Aware
Psychosocial Case Management	1	93.6
Medical Outpatient	2	90.3
AIDS Drug Assistance Program (ADAP)	3	87.1
Counseling and Testing in Care Settings	4	83.9
Medical Transportation – Bus Passes	5	77.4
Oral Health Care	6	74.2
Rental Assistance	7	71.0
Mental Health, Psychiatry	8	67.7
Medical Transportation – Bus Tokens	9	67.7

ii. Overall Ranking of Service Needs of Youth:

The top 9 services for which youth respondents reported any need for are listed in Table 22. Of the 47 individual service categories, the proportion of need for a service ranged from 3.2% to 90.3%. The

average number of services that youth needed was 11.2 (23.8%), and ranged from 4-44. Although not shown, the lowest-ranked services, which only 3.2% of youth respondents stated that they had needed in the past 12 months, included: skilled nursing, substance abuse, treatment – methadone, rehabilitation, transitional residential care and residential care for the chronically ill.

Table 22: Overall Ranking of Service Needs of LACHNA-Care Youth Participants (n=31)

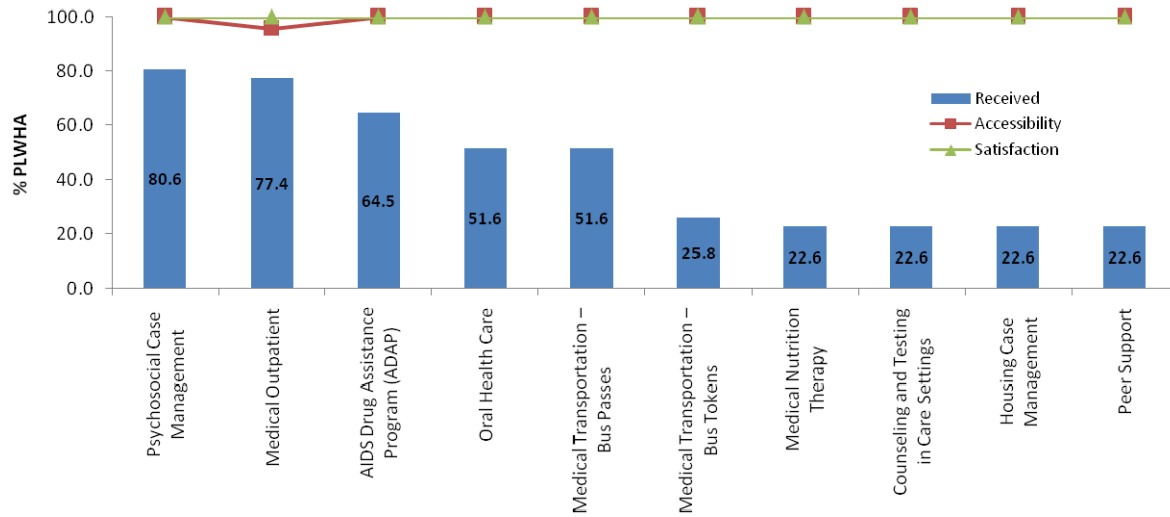
Service Category	Rank	% Need
Oral Health Care	1	90.3
Psychosocial Case Management	2	87.1
Medical Outpatient	3	83.9
AIDS Drug Assistance Program (ADAP)	4	71.0
Medical Transportation – Bus Passes	5	67.7
Rental Assistance	6	45.2
Medical Nutrition Therapy	7	45.2
Housing Case Management	8	38.7
Medical Transportation – Bus Tokens	9	35.5

iii. Overall Ranking of Services Received by Youth:

The top 10 services for which youth respondents reported receiving in the past 12 months are listed in Figure 9 below. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 0% to 80.7%. The average number of services youth respondents received was 6.5 (13.8%), and ranged from 0-19. Although not shown, the lowest-ranked services, which no person from this population stated that they received in the past 12 months, included: skilled nursing, substance abuse, treatment – methadone, rehabilitation, transitional residential care and residential care for the chronically ill.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 9 below contains this information for the top 10 services received. Overall, very few youth had any problems accessing needed services with 97.9% of the population stating they had no access problems. Satisfaction was also high with 97.6% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 9: Top 10 Services Received by LACHNA-Care Youth Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=31)



iv. Service Gaps for Youth:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for youth in Table 23. Among youth, 41.9% reported that they needed rental assistance but were unable to obtain it, making it the largest service gap among LACHNA-Care youth participants. Although youth respondents mostly report individual barriers (not knowing where to go for this service or not knowing that it was available) to obtaining services, these results may be unreliable due to the small sample size (n=31).

Table 23: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Youth Participants (n=31)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Rental Assistance	1	41.9	NR	NR	53.9
Oral Health Care	2	38.7	NR	NR	88.3
Short Term Rent, Mortgage, Utility Assistance	3	25.8	NR	NR	75.0
Nutrition Support – Food Bank	4	25.8	NR	NR	75.0
Medical Nutrition Therapy	5	22.6	NR	NR	100.0
Permanent Supportive Housing	6	19.4	NR	NR	66.7
Health Insurance Premiums and Cost Sharing	7	16.1	NR	NR	80.0
HIV LA Directory	8	16.1	NR	NR	100.0
Housing Case Management	9	16.1	NR	NR	100.0
Medical Transportation – Bus Passes	10	41.9	NR	NR	80.0

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

C.2 Middle-Aged Adults (25-49 years old)

i. Overall Ranking of Service Awareness of Middle-Aged Adults:

There were 284 middle-aged adult respondents in the LACHNA-Care survey, comprising 63.1% of the study sample. The top 10 services for which middle-aged respondents were aware of are listed in Table 24. Of the 47 individual service categories, the proportion of awareness among respondents for a service ranged from 16.9% to 89.8%. The average number of services that middle aged survey respondents were aware of was 20.4 (43.4%), and ranged from 0-47. Although not shown, hospice was the lowest-ranked service, with only 16.9% of this population stating that they were aware of it.

Table 24: Overall Ranking of Service Awareness of LACHNA-Care Middle-Aged Participants (n=284)

Service Category	Rank	% Aware
Medical Outpatient	1	89.8
Psychosocial Case Management	2	83.1
AIDS Drug Assistance Program (ADAP)	3	80.6
Mental Health, Psychiatry	4	72.5
Oral Health Care	5	70.4
Medical Transportation – Bus Passes	5	70.4
Counseling and Testing in Care Settings	7	68.7
Nutrition Support – Food Bank	8	68.3
Medical Nutrition Therapy	9	64.8
Rental Assistance	10	64.4

ii. Overall Ranking of Service Needs of Middle-Aged Adults:

The top 10 services for which middle-aged adult respondents reported any need are listed below in Table 25. Of the 47 individual service categories, the proportion of middle aged respondents needing a service ranged from 1.8% to 93.3% for this population. The average number of services that middle aged respondents needed was 12.0 (25.5%), and ranged from 0-47. Although not shown, substance abuse, treatment – methadone was the lowest-ranked service, with only 1.8% of this population stating that they had needed this service in the past 12 months.

Table 25: Overall Ranking of Service Needs of LACHNA-Care Middle-Aged Participants (n=284)

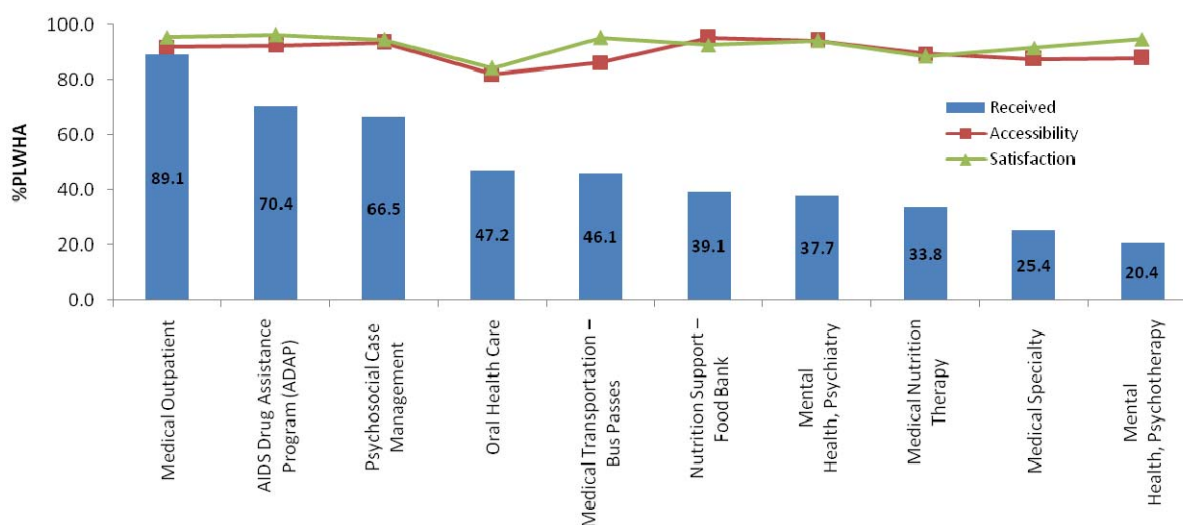
Service Category	Rank	% Need
Medical Outpatient	1	93.3
Oral Health Care	2	81.3
Psychosocial Case Management	3	78.2
AIDS Drug Assistance Program (ADAP)	4	77.5
Medical Transportation – Bus Passes	5	66.9
Nutrition Support – Food Bank	6	58.8
Medical Nutrition Therapy	7	54.6
Mental Health, Psychiatry	8	48.9
Rental Assistance	9	45.8

iii. Overall Ranking of Services Received by Middle-Aged Adults:

The top 10 services for which middle-aged adult respondents reported receiving in the past 12 months are listed in the bar graph of Figure 10 below. Of the 47 individual service categories, the proportion of middle aged respondents that received a service ranged from 1.1% to 89.1%. The average number of services respondents received was 7.5 (10.6%), and ranged from 0-44. Not shown are the lowest-ranked services, both of which only 1.1% of this population stated they needed in the past 12 months, and includes: hospice and substance abuse, treatment – methadone.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 10 below contains this information for the top 10 services received. Overall, very few middle-aged participants stated they had any problems accessing needed services with 88.0% of the population stating that they had no access problems. Satisfaction was also high with 87.9% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 10: Top 10 Services Received by LACHNA-Care Middle-Aged Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=284)



iv. Service Gaps for Middle-Aged Adults:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for middle-aged respondents below in Table 26. Among middle-aged survey respondents, 34.2% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among middle-aged participants. Overall, middle-aged participants reported that individual barriers (i.e., not knowing where to go, or who to ask for this service, or that it was available to them) were the primary reason that they were unable to obtain needed services.

Table 26: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Middle-Aged Participants (n=284)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	34.2	25.0	18.8	50.0
Rental Assistance	2	28.2	23.0	25.7	46.0
Medical Nutrition Therapy	3	20.8	NR	14.9	72.3
Medical Transportation – Bus Passes	4	20.8	17.0	13.2	64.2
Short Term Rent, Mortgage, Utility Assistance	5	20.4	10.2	16.3	63.3
Nutrition Support – Food Bank	6	19.7	NR	27.3	65.9
Housing Case Management	7	18.7	14.6	12.5	64.6
Medical Transportation – Taxi Vouchers	8	15.5	NR	14.6	68.3
Benefits Specialty	9	13.4	22.9	17.1	60.0
HIV LA Directory	10	13.4	NR	NR	80.8

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

C.3 Older Adults (50 years and older)

i. Overall Ranking of Service Awareness of Older Adults:

There were 135 (30% of the cohort) adults age 50 or older (older adult) who participated in the LACHNA-Care survey. The top 10 services for which older adult respondents are aware of are listed below in Table 27. Of the 47 individual service categories, the proportion of older adults aware of a service ranged from 21.5% to 90.4 %. The average number of services that older adult respondents were aware of was 23.3 (49.6%), and ranged from 1-47. Although not shown, the lowest-ranked service was respite care with only 21.5% of this population stating that they were aware of this service.

Table 27: Overall Ranking of Service Awareness of LACHNA-Care Older Adult Participants (n=135)

Service Category	Rank	% Aware
Psychosocial Case Management	1	90.4
Medical Outpatient	2	87.4
AIDS Drug Assistance Program (ADAP)	3	81.5
Nutrition Support – Food Bank	4	77.8
Oral Health Care	5	77.0
Medical Transportation – Bus Passes	6	75.6
Medical Nutrition Therapy	7	74.8
Mental Health, Psychiatry	8	72.6
Rental Assistance	9	71.1
Counseling and Testing in Care Settings	10	67.4

ii. Overall Ranking of Service Needs of Older Adults:

The top 10 services for which older adult respondents reported any need are listed below in Table 28. Of the 47 individual service categories, the proportion needing a service ranged from 0% to 97.0% for older adults. The average number of services that respondents needed was 10.6 (22.6%), and ranged from 3-34. Not shown was the lowest-ranked service (transitional case management – youth), with no older adults stated that they had needed the service in the past 12 months. This result is hardly surprising, as this service is not intended for this population. The second lowest-ranked service needed was child care, also not a surprising finding.

Table 28: Overall Ranking of Service Needs of LACHNA-Care Older Adult Participants (n=135)

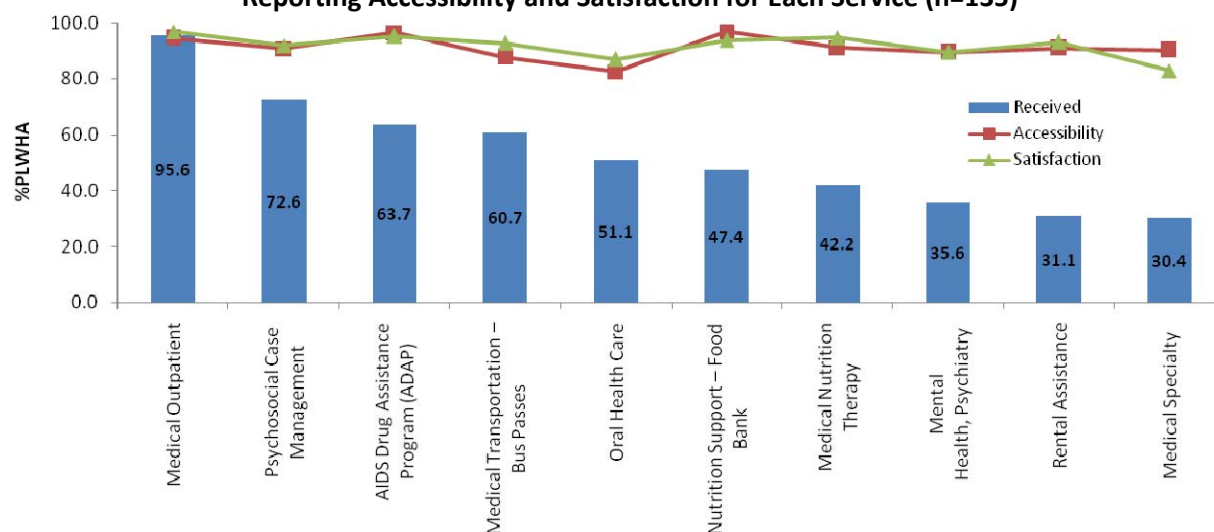
Service Category	Rank	% Need
Medical Outpatient	1	97.0
Oral Health Care	2	84.4
Psychosocial Case Management	3	81.5
Medical Transportation – Bus Passes	4	71.9
AIDS Drug Assistance Program (ADAP)	5	68.9
Nutrition Support – Food Bank	6	65.9
Medical Nutrition Therapy	7	56.3
Rental Assistance	8	55.6
Medical Specialty	9	43.0
Mental Health, Psychiatry	10	41.5

iii. Overall Ranking of Services Received by Older Adults:

The top 10 services for which older adult respondents reported receiving in the past 12 months are listed in the bar graph of Figure 11 below. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 0% to 95.6%. The average number of services that older adult survey respondents received was 7.7 (16.4%) and ranged from 2 to 32. Not shown was the lowest-ranked service, which was transitional case management – youth. As stated earlier, this finding is not surprising given that older adults are not eligible to receive this service.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 11 below contains this information for the top 10 services received. Overall, very few participants stated they had any problems accessing needed services with 89.8% of the population stating they had no access problems. Satisfaction with services was also high with 91.7% of all older adult respondents stating that they were satisfied with the services they were receiving.

Figure 11: Top 10 Services Received by LACHNA-Care Older Adult Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=135)



iv. Service Gaps for Older Adults:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for older adults below in Table 29. Among older adult respondents, 33.3% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among older LACHNA-Care participants. Participants mostly reported that individual barriers (not knowing where to go for this service or that it was available) were what prevented them from obtaining these needed services. The exception to this was found among those attempting to obtain rental assistance. Many older adults reported experiencing a high proportion of both organizational and structural barriers (too much paperwork/red tape or too many rules/ regulations) as well as individual ones.

Table 29: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Older Adult Participants (n=135)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	33.3	20.0	25.0	52.5
Rental Assistance	2	24.4	20.0	43.3	30.0
Nutrition Support – Food Bank	3	18.5	NR	NR	75.0
Short Term Rent, Mortgage, Utility Assistance	4	17.8	NR	NR	66.7
Medical Nutrition Therapy	5	14.1	NR	NR	43.8
Medical Specialty	6	12.6	NR	NR	18.2
Medical Transportation – Taxi Vouchers	7	11.9	NR	NR	87.5
Local Pharmacy Program/ Drug Reimbursement	8	11.1	38.5	38.5	NR
Medical Transportation – Bus Passes	9	11.1	NR	NR	78.6

Peer Support	10	10.4	NR	NR	61.5
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¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

C.4 Analysis of Service Gaps by Age

Table 30 below details differences in the average number of HIV service gaps reported by age. The table presents this analysis for all services, as well as by each individual service cluster; see Table 4 above (pg. 13) for a detailed description of service clusters. Since there were multiple (more than 2) groups to compare, results from an ANOVA test are presented in the table, with significant results ($p \leq 0.05$) from individual comparison tests (t-test's) highlighted in the footnotes. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected based on age. Generally, adults 50 and older had significantly fewer service gaps compared to any other age group. These differences were highlighted in health-related and support services specifically. Some individual differences were observed among case management services, with adults over 50 having slightly fewer service gaps compared to other age groups, but these differences were so slight they would not be considered clinically significant.

Table 30: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Age

Service Cluster	Age	Mean Number Service Gaps (SD)	ANOVA F-value (p-value)
All HIV Services (n=401)	18-24 yrs	6.1 (6.4)	6.33 (p<0.01)³
	25-49 yrs	5.0 (4.8)	
	Over 50 yrs	3.4 (3.3)	
Health-Related Services (n=351)	18-24 yrs	2.2 (2.3)	3.67 (p=0.03)⁴
	25-49 yrs	1.9 (1.8)	
	Over 50 yrs	1.4 (1.3)	
Case Management Services (n=236)	18-24 yrs	0.9 (1.5)	2.23 (p=0.11) ⁵
	25-49 yrs	0.7 (0.8)	
	Over 50 yrs	0.5 (0.8)	
Transportation Services (n=205)	18-24 yrs	0.9 (0.8)	0.71 (p=0.50)
	25-49 yrs	1.0 (1.0)	
	Over 50 yrs	0.8 (0.9)	
Residential Care and Housing Services (n=228)	18-24 yrs	2.0 (1.5)	1.55 (p=0.22)
	25-49 yrs	1.6 (1.5)	
	Over 50 yrs	1.4 (1.1)	
Support Services (n=289)	18-24 yrs	2.9 (1.9)	5.99 (p<0.01)⁶
	25-49 yrs	1.9 (1.8)	
	Over 50 yrs	1.4 (1.2)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

³ From multiple t-test analysis: 18-24 yrs vs. all p=0.05; 18-24 yrs vs. Over 50 p<0.01; Over 50 vs. all p<0.01; Over 50 vs. 25-49 yrs p<0.01.

⁴ From multiple t-test analysis: 18-24 yrs vs. Over 50 p=0.05; Over 50 vs. all p=0.01; Over 50 vs. 25-49 yrs p=0.02.

⁵ From multiple t-test analysis: Over 50 yrs vs. all p=0.04.

⁶ From multiple t-test analysis: 18-24 yrs vs. Over 50, all p<0.01; 18-24 yrs vs. 25-49 yrs p=0.03; Over 50 vs. all p<0.01; Over 50 vs. 25-49 yrs p=0.02.

C.5 Notable Findings

- Unlike the cohort in general, both youth and older adults noted that psychosocial case management was the service of which they were most aware.
- Unlike the other age groups, and the study population in general, youth reported rental assistance as the greatest service gap instead of oral health care.
- Both youth and older adults tended to express a greater need, and gap in care for housing and transportation type services compared to the cohort in general.
- The majority of barriers to accessing needed services experienced by respondents were categorized as individual type barriers (i.e., respondent stated that they either weren't aware service was available to them, did not know where it was located or who to ask). This finding was consistent across all age groups.
- Adults over 50 reported fewer service needs overall and in all service types compared to all other age groups.
- Youth consistently reported the highest number of service gaps across all service types (except for transportation services) compared to all other age groups.

D. Race/Ethnicity

Among PLWHA in LAC, 39.3% are Latino, 35.0% are White, 21.2% Black, 3.1% Asian/Pacific Islander, and <1% (0.4%) identify as American Indian/Alaskan Native.⁵ As a proportion of population size (known as the prevalence rate), African Americans (who represent less than 10% of the population of LAC and 21% of all PLWHA) are the most disproportionately impacted population locally with a rate almost twice as high as Whites and three times greater than Latinos.

When comparing RW recipients to all PLWHA in LAC, a higher proportion are Latino (47.9% vs. 39.0%), approximately the same proportion are Black (23.1% vs. 21.2%), Asian/Pacific Islander (3.1% vs. 3.2%) or Native American/Alaskan Native (0.5% vs. 0.4%), and a lower proportion are White (24.9% vs. 35.0%).

D.1 Latinos

i. Overall Ranking of Service Awareness of Latinos:

There were 213 Latino respondents in the LACHNA-Care survey, comprising 48.1% of the survey group. The top 10 services for which Latino respondents were aware of are listed below in Table 31. Of the 47 individual service categories, the proportion of awareness for a service ranged from 12.2% to 87.8%. The average number of services that Latino respondents were aware of was 18.2 (38.7%), and the range of number of services aware of was 0-47. Although not shown, the lowest-ranked service was respite care with only 12.2% of Latinos stating that they were aware of this service.

Table 31: Overall Ranking of Service Awareness of LACHNA-Care Latino Participants (n=213)

Service Category	Rank	% Aware
Medical Outpatient	1	87.8
Psychosocial Case Management	2	83.6
AIDS Drug Assistance Program (ADAP)	3	79.8
Medical Transportation – Bus Passes	4	74.6
Oral Health Care	5	66.7
Mental Health, Psychiatry	6	65.3
Medical Nutrition Therapy	7	64.8
Nutrition Support – Food Bank	8	64.8
Counseling and Testing in Care Settings	9	61.5
Rental Assistance	10	57.3

ii. Overall Ranking of Service Needs of Latinos:

The top 10 services for which Latino respondents reported any need are listed below in Table 32. Of the 47 individual service categories, the proportion of Latinos needing a service ranged from 1.9% to 92.5%. The average number of services that Latino respondents needed was 11.3 (24.0%) and ranged from 2-44. Although not shown, the lowest-ranked services, all of which only 1.9% of Latinos stated they needed in the past 12 months were substance abuse, treatment – methadone, skilled nursing and respite care.

Table 32: Overall Ranking of Service Needs of LACHNA-Care Latino Participants (n=213)

Service Category	Rank	% Need
Medical Outpatient	1	92.5
AIDS Drug Assistance Program (ADAP)	2	80.3
Oral Health Care	3	79.8
Psychosocial Case Management	4	79.3
Medical Transportation – Bus Passes	5	72.3
Medical Nutrition Therapy	6	56.8
Nutrition Support – Food Bank	7	55.9
Rental Assistance	8	45.1
Medical Specialty	9	44.6
Mental Health, Psychiatry	10	42.7

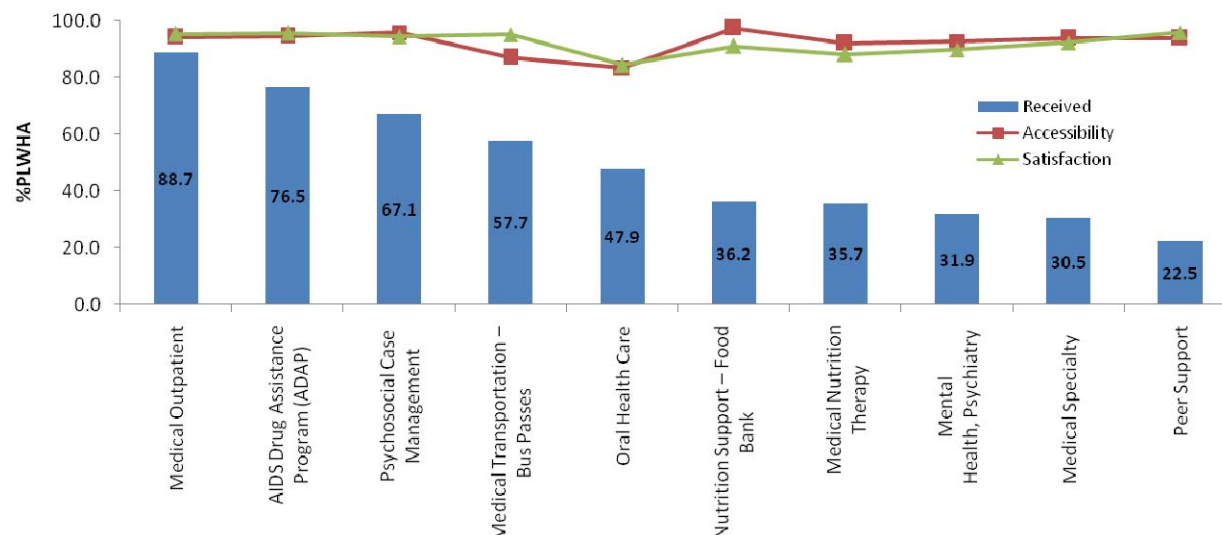
iii. Overall Ranking of Services Received by Latinos:

The top 10 services for which Latino respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 12 below. Of the 47 individual service categories, the proportion of Latino respondents that received a service ranged from 0% to 88.7%. The average number of services Latino survey respondents received was 7.3 (15.5%), and ranged from 0-25. Although not shown, the lowest-ranked service was respite care with no Latinos stating they received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 12 below contains this information for the top 10 services received. Overall, very few participants stated they had any problems accessing needed services with 89.3% of the

population stating that they had no access problems. Satisfaction was also high with 87.0% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 12: Top 10 Services Received by LACHNA-Care Latino Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=213)



iv. Service Gaps for Latinos:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for Latinos below in Table 33. Among Latino respondents, 31.9% reported that they needed oral health care but were unable to obtain it, resulting in the largest service gap among these participants. Additionally, Latino participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining oral health care.

Table 33: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Latino Participants (n=213)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	31.9	17.4	28.3	52.2
Rental Assistance	2	25.8	28.3	21.7	41.3
Medical Nutrition Therapy	3	21.1	NR	23.3	60.0
Short Term Rent, Mortgage, Utility Assistance	4	20.2	NR	19.4	58.1
Nutrition Support – Food Bank	5	19.7	NR	31.0	62.1
Medical Transportation – Bus Passes	6	14.6	NR	NR	62.5
Medical Specialty	7	14.1	46.2	NR	NR
Housing Case Management	8	14.1	NR	NR	75.0
HIV LA Directory	9	13.1	NR	NR	69.2
Psychosocial Case Management	10	12.2	NR	NR	76.9

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

D.2 African Americans

i. Overall Ranking of Service Awareness of African Americans:

There were 107 African American respondents in the LACHNA-Care survey, which comprised 24.2% of the surveyed group. The top 10 services for which African American respondents were aware of are listed below in Table 3. Of the 47 individual service categories, the proportion that was aware of a service ranged from 19.6% to 93.5% for African Americans. The average number of services that African American respondents were aware of was 26.1 (55.5%), and the range of number of services aware of was 2-47. Although not shown, the lowest-ranked service was hospice with only 19.6% of African Americans stating that they were aware of this service.

Table 34: Overall Ranking of Service Awareness of LACHNA-Care African American Participants (n=107)

Service Category	Rank	% Aware
Psychosocial Case Management	1	93.5
Medical Outpatient	2	90.7
Rental Assistance	3	86.0
Medical Transportation – Bus Passes	4	81.3
Mental Health, Psychiatry	5	80.4
Housing Case Management	6	80.4
Oral Health Care	7	79.4
AIDS Drug Assistance Program (ADAP)	8	79.4
Medical Transportation – Bus Tokens	9	77.6
Psychosocial case management	10	93.5

ii. Overall Ranking of Service Needs of African Americans:

The top 10 services for which African American respondents reported any need are listed below in Table 35. Of the 47 individual service categories, the proportion of African Americans needing a service ranged from 1.9% to 96.1%. The average number of services that African American respondents needed was 11.2 (23.8%), and ranged from 2 to 47. Although not shown, the lowest-ranked services were language/interpretation and child care, both of which only 1.9% of African Americans stated they needed in the past 12 months.

Table 35: Overall Ranking of Service Needs of LACHNA-Care African Americans Participants (n=107)

Service Category	Rank	% Need
Medical Outpatient	1	91.6
Oral Health Care	2	89.7
Psychosocial Case Management	3	86.0
Medical Transportation – Bus Passes	4	72.0
AIDS Drug Assistance Program (ADAP)	5	63.6

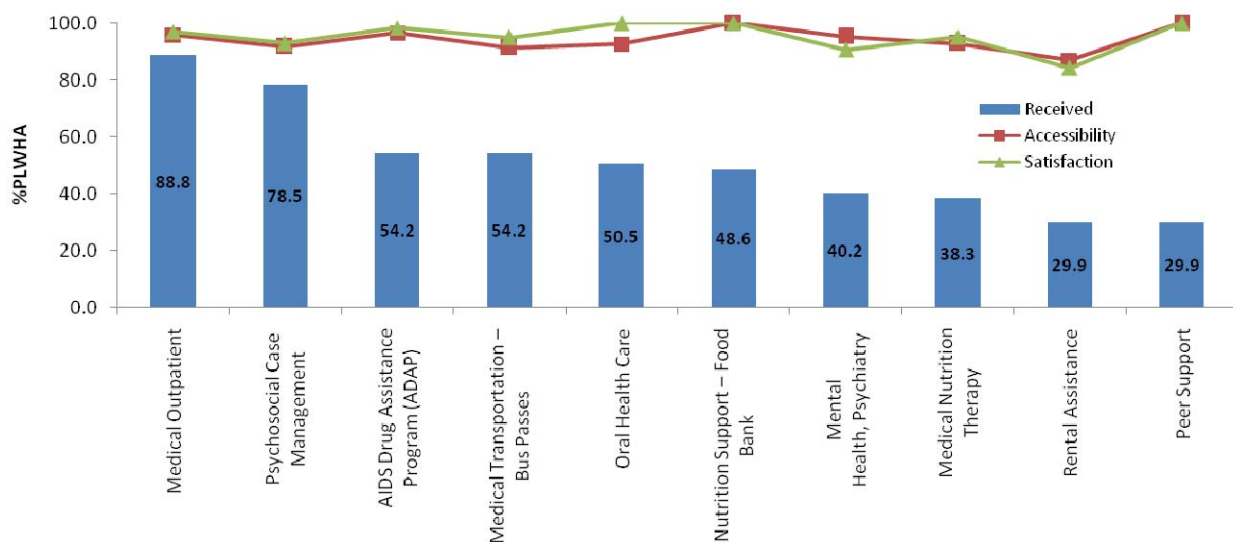
Nutrition Support – Food Bank	6	63.6
Rental Assistance	7	61.7
Medical Nutrition Therapy	8	54.2
Mental Health, Psychiatry	9	46.7
Housing Case Management	10	40.2

iii. Overall Ranking of Services Received by African Americans:

The top 10 services for which African American respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 13 below. Of the 47 individual service categories, the proportion of African American respondents that received a service ranged from 0% to 88.8%. The average number of services African American respondents received was 7.8 (16.6%), and ranged from 1 to 44. Not shown are the lowest-ranked services, both of which no African Americans stated that they received in the past 12 months and included: language/interpretation and child care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 13 below contains this information for the top 10 services received. Overall, 91.7% of African Americans stated that they had no problems accessing needed services. Satisfaction was also high with 92.8% of respondents stating that they were satisfied with the services that they were receiving.

Figure 13: Top 10 Services Received by LACHNA-Care African American Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=107)



iv. Service Gaps for African Americans:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for African Americans below in Table 36. Among African American survey respondents 39.3% reported that they needed oral health care but were unable to obtain it, making it the largest service gap for African Americans. Additionally, participants mostly report

individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 36: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care African American Participants (n=107)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	39.3	19.1	16.7	52.4
Rental Assistance	2	31.8	20.6	38.2	38.2
Housing Case Management	3	18.7	NR	25.0	50.0
Medical Transportation – Bus Passes	4	17.8	NR	NR	68.4
Health Insurance Premiums and Cost Sharing	5	15.9	NR	NR	53.0
Medical Nutrition Therapy	6	15.9	NR	NR	82.3
Nutrition Support – Food Bank	7	15.0	NR	NR	62.5
Short Term Rent, Mortgage, Utility Assistance	8	13.1	NR	NR	64.3
Benefits Specialty	9	13.1	NR	NR	71.4
Medical Transportation – Taxi Vouchers	10	13.1	NR	NR	78.6

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

D.3 White (Caucasian)

i. Overall Ranking of Service Awareness of Whites:

There were 93 White (Caucasian) respondents in the LACHNA-Care survey, comprising 21.0% of the survey group. The top 10 services for which White respondents were aware of are listed below in Table 37. Of the 47 individual service categories, the proportion of awareness for a service ranged from 21.5% to 90.3%. The average number of services that White respondents were aware of was 23.1 (45.3%) and the range of number of services aware of was 0-47. Although not shown, the lowest-ranked service was child care with only 21.5% of White respondents stating that they were aware of it.

Table 37: Overall Ranking of Service Awareness of LACHNA-Care White Participants (n=93)

Service Category	Rank	% Aware
Medical Outpatient	1	90.3
AIDS Drug Assistance Program (ADAP)	2	87.1
Counseling and Testing in Care Settings	3	81.7
Psychosocial Case Management	4	81.7
Mental Health, Psychiatry	5	78.5
Nutrition Support – Food Bank	6	77.4
Oral Health Care	7	76.3

Rental Assistance	8	69.9
Health Education/Risk Reduction	9	68.8
Medical Nutrition Therapy	10	66.7

ii. Overall Ranking of Service Needs of Whites:

The top 10 services for which White (Caucasian) respondents reported any need are listed below in Table 38. Of the 47 individual service categories, the proportion of Whites needing a service ranged from 0% to 96.8%. The average number of services that White respondents needed was 12.6 (26.8%), and ranged from 0-36. Although not shown, the lowest-ranked service was child care, which no person from the population stating that they needed this service in the past 12 months.

Table 38: Overall Ranking of Service Needs of LACHNA-Care White Participants (n=93)

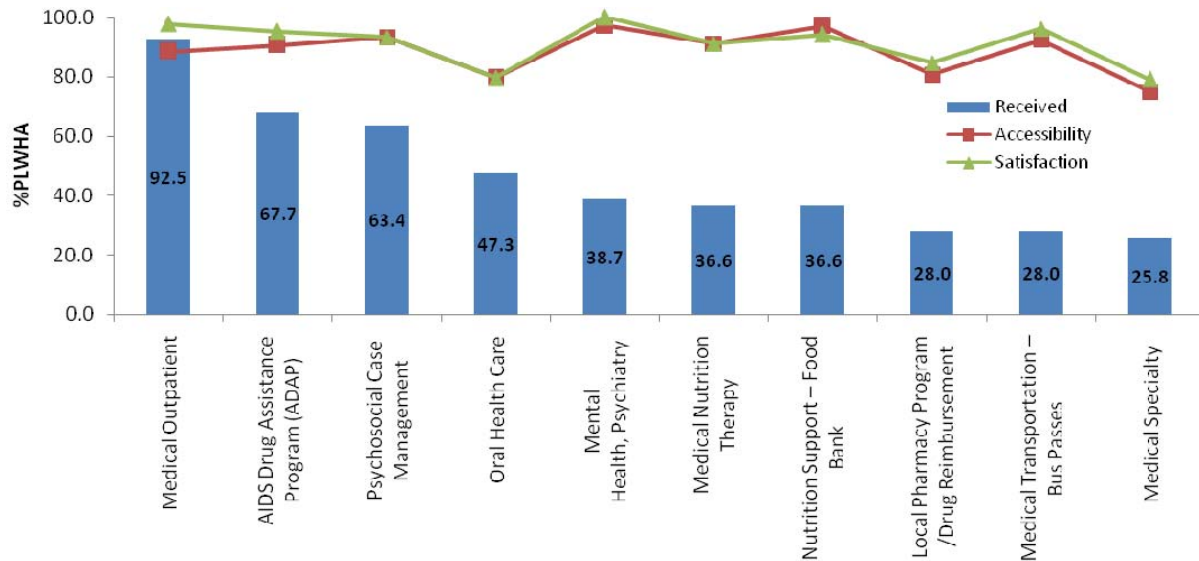
Service Category	Rank	% Need
Medical Outpatient	1	96.8
Oral Health Care	2	86.0
AIDS Drug Assistance Program (ADAP)	3	77.4
Psychosocial Case Management	4	74.2
Nutrition Support – Food Bank	5	63.4
Medical Nutrition Therapy	6	57.0
Medical Transportation – Bus Passes	7	53.8
Mental Health, Psychiatry	8	50.5
Local Pharmacy Program/Drug Reimbursement	9	46.2
Rental Assistance	10	46.2

iii. Overall Ranking of Services Received by Whites:

The top 10 services for which White/Caucasian respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 14 below. Of the 47 individual service categories, the proportion of White respondents that received a service ranged from 0% to 92.5%. The average number of services White respondents received was 7.4 (15.7%), and ranged from 0-35. Although not shown, the lowest-ranked services, all of which no White respondents stated they needed in the past 12 months, included: skilled nursing, language/interpretation and child care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 14 below contains this information for the top 10 services received. Overall, 92.7% of Whites stated that they had no problems accessing needed services. Satisfaction was also high with 93.2% of respondents stating that they were satisfied with the services that they were receiving.

Figure 14: Top 10 Services Received by LACHNA-Care White Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=93)



iv. Service Gaps for Whites:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for whites Table 39. Among White survey respondents, 38.7% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among White participants. Additionally, White participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 39: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care White Participants (n=93)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	38.7	22.2	13.9	61.1
Rental Assistance	2	30.1	NR	39.3	46.4
Short Term Rent, Mortgage, Utility Assistance	3	28.0	NR	NR	73.1
Nutrition Support – Food Bank	4	26.9	NR	24.0	76.0
Medical Transportation – Bus Passes	5	25.8	NR	NR	75.0
Mental Health, Psychotherapy	6	21.5	NR	NR	75.0
Medical Nutrition Therapy	7	20.4	NR	NR	73.3
Medical Transportation – Taxi Vouchers	8	20.4	NR	NR	78.9
Local Pharmacy Program/ Drug Reimbursement	9	18.3	NR	NR	64.7
Health Insurance Premiums and Cost Sharing	10	17.2	NR	NR	93.7

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

D.4 Other (Asian/Pacific Islander, American Indian/Alaskan Native, Mixed Race)

i. Overall Ranking of Service Awareness of Other Races/Ethnicities:

There were 30 respondents in the LACHNA-Care survey who identified as Asian/Pacific Islander, American Indian/Alaskan Native or mixed race. As a result of the small sample size for each of these groups, no detailed analyses can be conducted. Together these respondents represent 6.7% of the survey group and for the purposes of this report will be reported as other race/ethnicity. The top 10 services for which other respondents were aware of are listed below in Table 40. Of the 47 individual service categories, the proportion of awareness for a service ranged from 13.3% to 90.0%. The average number of services that other respondents were aware of was 21.1 (44.9%), and the range of number of services aware of was 3-47. Although not shown, the two lowest-ranked services were substance abuse, treatment – methadone and transitional case management, with only 13.3% of other respondents stating that they were aware of either of these services.

Table 40: Overall Ranking of Service Awareness of LACHNA-Care Other Races/Ethnicities (n=30)

Service Category	Rank	% Aware
Psychosocial Case Management	1	90.0
Medical Outpatient	2	86.7
AIDS Drug Assistance Program (ADAP)	3	80.0
Oral Health Care	4	73.3
Mental Health, Psychiatry	5	73.3
Medical Transportation – Bus Passes	6	70.0
Nutrition Support – Food Bank	7	70.0
Medical Nutrition Therapy	8	63.3
Counseling and Testing in Care Settings	9	63.3
HIV LA Directory	10	60.0

ii. Overall Ranking of Service Needs of Other Races/Ethnicities:

The top 10 services for which persons of other race/ethnicities reported any need are listed below in Table 41. Of the 47 individual service categories, the proportion needing a service ranged from 0% to 100%. The average number of services that other respondents needed was 11.0 (23.4%), and ranged from 2-31. Although not shown, the lowest-ranked services, of which no other respondents stated they had needed in the past 12 months, were substance abuse, treatment – methadone, language/ interpretation and child care.

Table 41: Overall Ranking of Service Needs of LACHNA-Care Other Races/Ethnicities (n=30)

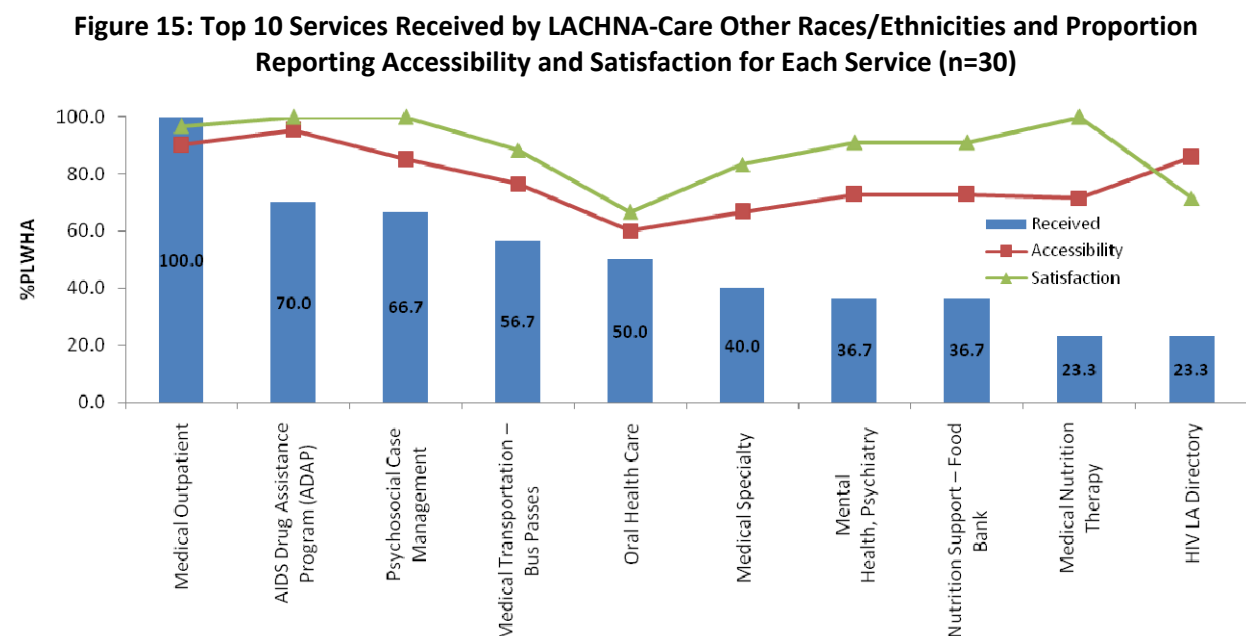
Service Category	Rank	% Need
Medical Outpatient	1	100.0
Oral Health Care	2	76.7

AIDS Drug Assistance Program (ADAP)	3	73.3
Psychosocial Case Management	4	73.3
Medical Transportation – Bus Passes	5	70.0
Nutrition Support – Food Bank	6	50.0
Medical Specialty	7	46.7
Mental Health, Psychiatry	8	40.0
Medical Nutrition Therapy	9	36.7
Local Pharmacy Program/Drug Reimbursement	10	33.3

iii. Overall Ranking of Services Received by Other Races/Ethnicities:

The top 10 services for which persons of other race/ethnicities reported receiving in the past 12 months are listed in the blue bar graph in Figure 15 below. Of the 47 individual service categories, the proportion of other respondents that received a service ranged from 0% to 100%. The average number of services other respondents received was 7.4 (15.7%), and ranged from 1-17. Although not shown, the lowest-ranked services, which no other respondents stated they received included legal assistance, benefits specialty and workforce entry/re-entry.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 15 below contains this information for the top 10 services received. Overall, 72.3% of persons of other race/ethnicities stated that they had no problems accessing needed services. Satisfaction was high with 91.9% of respondents stating that they were satisfied with the services that they were receiving.



iv. Service Gaps for Other Races/Ethnicities:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest

service gaps and barriers are listed for other respondents below in Table 42. Among other survey respondents 26.7% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among other participants. Due to the small sample size of this group, information on barriers to accessing needed services is not reported. Among those experiencing a gap in oral health care, most reported structural barriers (i.e., too much paperwork or red tape, or too many rules and regulations) as the main reason that they were not able to obtain this service.

Table 42: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Other Races/Ethnicities (n=30)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	26.7	62.5	NR	NR
Rental Assistance	2	23.3	NR	NR	NR
Medical Transportation – Taxi Voucher	3	23.3	NR	NR	85.1
Local Pharmacy Program/ Drug Reimbursement	4	16.7	NR	NR	NR
Short Term Rent, Mortgage, Utility Assistance	5	16.7	NR	NR	NR
Referrals	6	16.7	NR	NR	NR
Medical Nutrition Therapy	7	13.3	NR	NR	NR
Mental Health, Psychotherapy	8	13.3	NR	NR	NR
Legal	9	13.3	NR	NR	NR
Workforce Entry/Re-entry	10	13.3	NR	NR	NR

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

D.5 Analysis of Service Gaps by Race/Ethnicity

Table 43 below details differences in the average number of HIV service gaps reported by race/ethnicity. The table presents this analysis for all services, as well as by each individual service cluster. Since there were multiple (more than 2) groups to compare, results from an ANOVA test are presented in the table, with significant results ($p \leq 0.05$) from individual comparison tests (t-test's) highlighted in the footnotes. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected based on race/ethnicity.

Generally, Whites had significantly more service gaps compared to any other group, with significant differences detected between Whites and all other groups according to t-test results. This same trend was also observed for transportation, residential care and housing, and support service clusters. This result is despite the fact that there were no racial/ethnic differences between the number of services needed or received by participants (results not shown). These results should be interpreted with caution among some of the sub-groups, as the actual differences discovered were small. It should also be noted that African Americans reported the fewest service gaps for both residential care and housing and support services compared to other groups.

Table 43: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Race/Ethnic Group

Service Cluster	Race/Ethnicity	Mean Number Service Gaps (SD)	ANOVA F-value (p-value)
All HIV Services (n=395)	Latino	4.34 (4.62)	2.15 (p=0.09) ³
	African America	4.09 (3.35)	
	White	5.66 (5.16)	
	Other	4.24 (5.62)	
Health-Related Services (n=345)	Latino	1.79 (1.69)	0.66 (p=0.58)
	African America	1.70 (1.56)	
	White	1.96 (1.85)	
	Other	1.43 (1.83)	
Case Management Services (n=230)	Latino	0.71 (0.91)	0.35 (p=0.79)
	African America	0.59 (0.75)	
	White	0.64 (0.78)	
	Other	0.54 (0.88)	
Transportation Services (n=200)	Latino	0.69 (0.79)	5.03 (p<0.01)⁴
	African America	1.00 (1.04)	
	White	1.35 (1.07)	
	Other	1.00 (1.20)	
Residential Care and Housing Services (n=224)	Latino	1.66 (1.52)	2.34 (p=0.07) ⁵
	African America	1.14 (0.87)	
	White	1.71 (1.50)	
	Other	1.80 (1.40)	
Support Services (n=283)	Latino	1.73 (1.75)	2.47 (p=0.06) ⁶
	African America	1.43 (1.21)	
	White	2.18 (1.80)	
	Other	2.25 (2.52)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

³ From multiple t-test analysis: White vs. all p=0.02; White vs. Latino p=0.03; African American vs. all p=0.02.

⁴ From multiple t-test analysis: White vs. all p=0.01; White vs. Latino p<0.01.

⁵ From multiple t-test analysis: African American vs. all p=0.02; African American vs. White p=0.03.

⁶ From multiple t-test analysis: African American vs. all p<0.02; African American vs. White p=0.01.

D.6 Notable Findings

- All racial/ethnic groups listed medical outpatient as one of the top two services of which they were aware. Each group also ranked psychosocial case management as one of their top two services they were aware of, with the exception of Whites who stated that they were more aware of medical outpatient and ADAP services above psychosocial case management.

- All groups listed health-related services as the service they needed the most, but also reported that it was the service they received the most.
- The second most needed service for Latinos and Whites was ADAP services. Oral health care was the second most needed service for African Americans and all other races.
- As with the cohort in general, all racial/ethnic subgroups listed a lack of oral health care as the service they needed the most but were unable to obtain. The percent that reported a gap varied between 26.7% for other races/ethnicities to 39.3% for African Americans.
- The majority of barriers to accessing needed services experienced by respondents were categorized as individual type barriers across most races/ethnicities (i.e., respondent stated that they either weren't aware that service was available to them, they did not know where it was located, or they did not know who to ask for help).
- Whites reported the largest number of overall service gaps (5.7) and African Americans reported the lowest (4.1).
- Results were more mixed when different services types were looked at independently, but in general, African Americans had statistically fewer housing and support service gaps compared to all other racial/ethnic groups.

E. Language

E.1 Latino Spanish-Speakers

i. Overall Ranking of Service Awareness of Latino Spanish-Speakers:

There were 100 Spanish-speaking Latino respondents to the LACHNA-Care survey, comprising 22.2% of the survey group and 47.0% of all Latinos. The top 10 services for which Latino Spanish-speakers were aware of are listed below in Table 44. Of the 47 individual service categories, the proportion of awareness among respondents for a service ranged from 4.0% to 89.0%. The average number of services that Latino Spanish-speakers were aware of was 13.9 (29.6%), and the range was 0-47. Although not shown, the lowest-ranked service was respite care with only 4.0% of Latino Spanish-speakers stating that they were aware of this service.

Table 44: Overall Ranking of Service Awareness of LACHNA-Care Latino Spanish-Speaking Participants (n=100)

Service Category	Rank	% Aware
Medical Outpatient	1	89.0
Psychosocial Case Management	2	77.0
AIDS Drug Assistance Program (ADAP)	3	75.0
Medical Transportation – Bus Passes	4	74.0
Medical Nutrition Therapy	5	60.0
Nutrition Support – Food Bank	6	54.0
Oral Health Care	7	53.0
Mental Health, Psychiatry	8	49.0
Peer Support	9	47.0
Rental Assistance	10	46.0

ii. Overall Ranking of Service Needs of Latino Spanish-Speakers:

The top 10 services for which Latino Spanish-speaking respondents reported any need are listed below in Table 45. Of the 47 individual service categories, the proportion needing a service ranged from 0% to 95.0%. The average number of services that Latino Spanish-speaking respondents needed was 10.3 (21.9%) and ranged from 0-47. Although not shown, the lowest-ranked services, which no Latino Spanish-speakers stated that they needed in the past 12 months, included: medical specialty, medical transportation – taxi voucher and transitional case management.

Table 45: Overall Ranking of Service Needs of LACHNA-Care Latino Spanish-Speaking Participants (n=100)

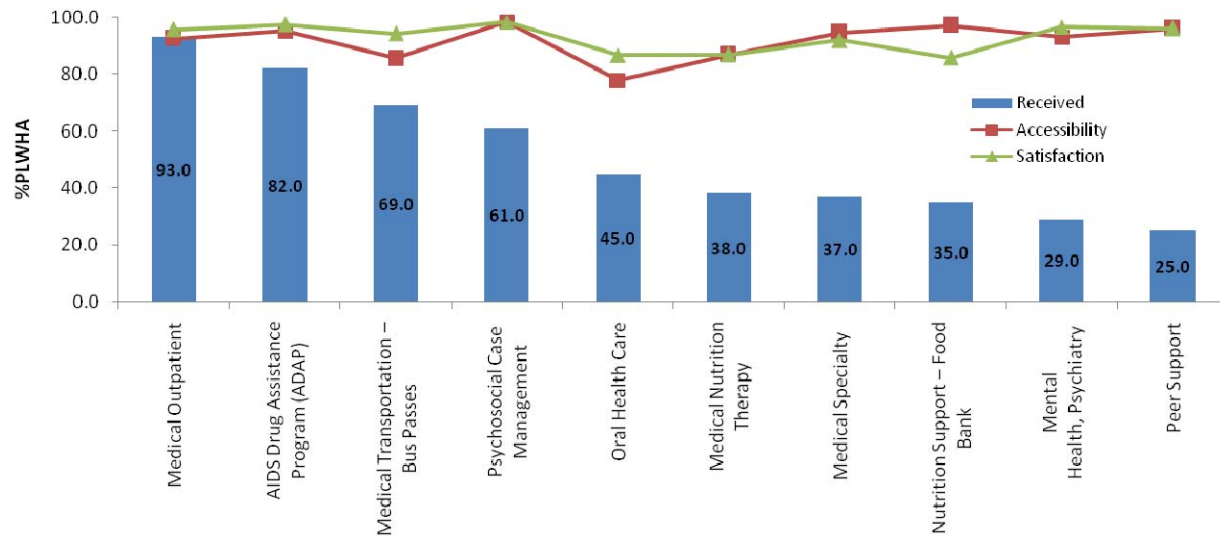
Service Category	Rank	% Need
Medical Outpatient	1	95.0
AIDS Drug Assistance Program (ADAP)	2	87.0
Medical Transportation – Bus Passes	3	80.0
Oral Health Care	4	77.0
Psychosocial Case Management	5	76.0
Medical Nutrition Therapy	6	57.0
Medical Specialty	7	55.0
Nutrition Support – Food Bank	8	48.0
Mental Health, Psychiatry	9	44.0
Rental Assistance	10	38.0

iii. Overall Ranking of Services Received by Latino Spanish-Speakers:

The top 10 services for which Latino Spanish-speaking respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 16. Of the 47 individual service categories, the proportion of Latino Spanish-speaking respondents that received a service ranged from 0% to 93%. The average number of services Latino Spanish-speaking respondents received was 7.0 (14.9%), and ranged from 4-36. Not shown are the lowest-ranked services, which no Latino Spanish-speaking person stated that they needed in the past 12 months, and included: substance abuse, treatment – methadone, hospice and respite care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 16 below contains this information for the top 10 services received. Overall, 72.3% of Latino Spanish-speakers stated that they had no problems accessing needed services. Satisfaction was high with 91.9% of respondents stating that they were satisfied with the services that they were receiving.

Figure 16: Top 10 Services Received by LACHNA-Care Latino Spanish-Speaking Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=100)



iv. Service Gaps for Latino Spanish-Speakers:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for Latino Spanish-speakers in Table 46. Among Latino Spanish-speaking respondents, 32.0% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Though many gaps in accessing needed services were reported, very few choose to state why they were unable to access these services. Due to this fact, no information regarding barriers to acquiring services can be presented.

Table 46: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Latino Spanish-Speaking Participants (n=100)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	32.0	NR	NR	NR
Medical Nutrition Therapy	2	19.0	NR	NR	NR
Medical Specialty	3	18.0	NR	NR	NR
HIV LA Directory	4	17.0	NR	NR	NR
Mental Health, Psychiatry	5	15.0	NR	NR	NR
Psychosocial Case Management	6	15.0	NR	NR	NR
Rental Assistance	7	15.0	NR	NR	NR
Nutrition Support – Food Bank	8	13.0	NR	NR	NR
Short Term Rent, Mortgage, Utility Assistance	9	12.0	NR	NR	NR
Peer Support	10	12.0	NR	NR	NR

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know

who to ask for help.
NR=<5 respondents, too few to report

E.2 Latino English-Speakers

i. Overall Ranking of Service Awareness of Latino English-Speakers:

There were 111 English-speaking Latino respondents to the LACHNA-Care survey, comprising 24.7% of the survey group and 52.1% of all Latinos. The top 10 services for which Latino English-speaking respondents were aware of are listed below in Table 47. Of the 47 individual service categories, the proportion of respondents that was aware of a service ranged from 15.9% to 89.4%. The average number of services that Latino English-speaking respondents were aware of was 13.9 (29.6%), and the range was 0-47. Although not shown, the lowest-ranked service was hospice with only 15.9% of Latino English-speakers stating that they were aware of this service.

Table 47: Overall Ranking of Service Awareness of LACHNA-Care Latino English-Speaking Participants (n=111)

Service Category	Rank	% Aware
Psychosocial Case Management	1	89.4
Medical Outpatient	2	86.7
AIDS Drug Assistance Program (ADAP)	3	84.1
Mental Health, Psychiatry	4	79.6
Oral Health Care	5	78.8
Counseling and Testing in Care Settings	6	76.1
Medical Transportation – Bus Passes	7	75.2
Nutrition Support – Food Bank	8	74.3
Medical Nutrition Therapy	9	69.0
Rental Assistance	10	67.3

ii. Overall Ranking of Service Needs of Latino English-Speakers:

The top 10 services for which Latino English-speaking respondents reported any need are listed below in Table 48. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.8% to 90.3%. The average number of services Latino English-speaking survey respondents needed was 12.2 (26.0%), and ranged from 2-44. Although not shown, the lowest-ranked services, both of which only 1.8% of Latino English-speakers stated they needed in the past 12 months included language/interpretation and child care.

Table 48: Overall Ranking of Service Needs of LACHNA-Care Latino English-Speaking Participants (n=111)

Service Category	Rank	% Need
Medical Outpatient	1	90.3
Oral Health Care	2	82.3
Psychosocial Case Management	3	82.3
AIDS Drug Assistance Program (ADAP)	4	74.3
Medical Transportation – Bus Passes	5	65.5
Nutrition Support – Food Bank	6	62.8
Medical Nutrition Therapy	7	56.6

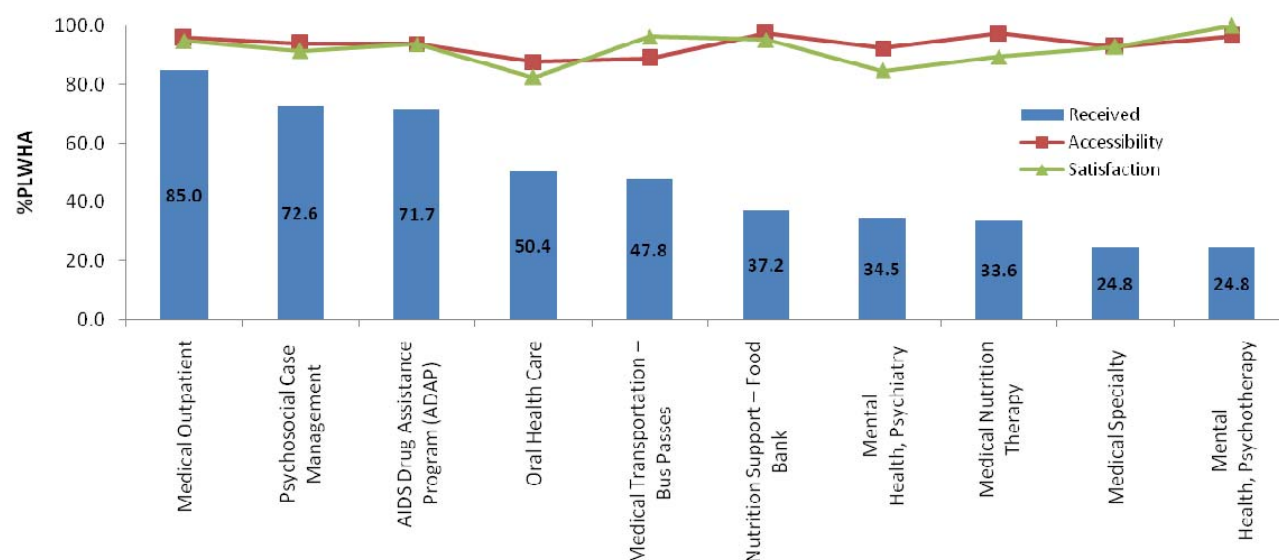
Rental Assistance	8	51.3
Mental Health, Psychiatry	9	41.6
Mental Health, Psychotherapy	10	37.2

iii. Overall Ranking of Services Received by Latino English-Speakers:

The top 10 services for which Latino English-speaking respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 17 below. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 0% to 85.0%. The average number of services that Latino English-speaking survey respondents received was 7.6 (16.2%), and ranged from 2-44. Although not shown, the lowest-ranked services, both of which no Latino English-speaker stated they needed in the past 12 months, included child care and respite care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 17 below contains this information for the top 10 services received. Overall, 89.3% of Latino English-speakers stated that they had no problems accessing needed services. Satisfaction was high with 86.9% of respondents stating that they were satisfied with the services that they were receiving.

Figure 17: Top 10 Services Received by LACHNA-Care Latino English-Speaking Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=111)



iv. Service Gaps for Latino English-Speakers:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers for Latino English-speakers are listed below in Table 49. Among Latino English-speaking respondents, 35.4% reported that they needed rental assistance but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for the service or that it was available) to obtaining needed services.

Table 49: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Latino English-Speaking Participants (n=111)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Rental Assistance	1	35.4	27.5	25.0	40.0
Oral Health Care	2	31.9	19.4	25.0	55.6
Short Term Rent, Mortgage, Utility Assistance	3	27.4	NR	19.4	58.1
Nutrition Support – Food Bank	4	25.7	NR	31.0	62.1
Medical Nutrition Therapy	5	23.0	NR	19.2	61.5
Housing Case Management	6	19.5	NR	NR	72.7
Medical Transportation – Bus Passes	7	17.7	NR	NR	70.0
Medical Transportation – Taxi Vouchers	8	15.0	NR	NR	64.7
Benefits Specialty	9	14.2	31.3	NR	43.8
Local Pharmacy Program/ Drug Reimbursement	10	14.2	NR	NR	43.8

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

E.3 Analysis of Service Gaps by Language

Table 50 below details differences in the average number of HIV service gaps reported by language spoken among Latino participants. The table presents this analysis for all services and for the service clusters. Since there are only two comparisons groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected ($p=0.04$). Generally, English-speaking Latino participants had more service gaps when compared to Spanish-speaking Latinos. Statistically significant differences were also observed for the transportation service cluster, but the actual differences are small.

Table 50: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², for Latinos by Language Spoken

Service Cluster	Language Spoken	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=193)	Spanish	3.6 (4.2)	2.03 (p=0.04)
	English	5.0 (4.8)	
Health-Related Services (n=165)	Spanish	1.9 (1.7)	0.38 (p=0.71)
	English	1.8 (1.7)	
Case Management Services (n=109)	Spanish	0.7 (0.7)	0.03 (p=0.98)
	English	0.7 (1.0)	

Transportation Services (n=95)	Spanish	0.5 (0.7)	2.16 (p=0.03)
	English	0.8 (0.8)	
Residential Care and Housing Services (n=98)	Spanish	1.3 (1.3)	1.94 (p=0.06)
	English	1.9 (1.6)	
Support Services (n=139)	Spanish	1.7 (1.8)	0.08 (p=0.94)
	English	1.7 (1.7)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services, 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

E.4 Notable Findings

- English and Spanish-speaking Latino participants both stated that either psychosocial case management or medical outpatient were the services of which they were most aware.
- While both groups noted that they had the most need for medical outpatient, English-speakers noted oral health care as the second greatest need, while Latino Spanish-speakers noted oral health care as their fourth greatest need.
- Similar to the overall study group, Latino Spanish-speakers reported the largest services gap for oral health care, while English-speakers listed rental assistance as the largest service gap and oral health care as the second largest gap. It should be noted though that the proportion reporting a gap in oral health care was similar for both groups (32.0% vs. 31.9%).
- On average, English-speaking Latinos reported statistically significant more service gaps compared to Spanish-speakers (5.0 vs. 3.6). This could have been influenced by the fact that in general Latino Spanish-speakers reported being aware of and stated that they needed fewer services than English-speaking Latinos (13.9 vs. 22.0 and 10.3 vs. 12.2 respectively; $p<0.05$ for both).

F. Sexual Orientation

F.1 Gay/Lesbians

i. Overall Ranking of Service Awareness of Gay/Lesbians:

There were 227 respondents to the LACHNA-Care survey who identify as either gay or lesbian (50.4% of the study group). The top 10 services for which gay/lesbian respondents were aware of are listed below in Table 51. Of the 47 individual service categories, the proportion of awareness of respondents for a service ranged from 16.7% to 92.5%. The average number of services that gay/lesbian respondents were aware of was 21.5 (45.7%), and the range was 0-47. Although not shown, the lowest-ranked service was child care, with only 16.7% of gay/lesbian participants stating that they were aware of this service.

Table 51: Overall Ranking of Service Awareness of LACHNA-Care Gay/Lesbian Participants (n=227)

Service Category	Rank	% Aware
Medical Outpatient	1	92.5
Psychosocial Case Management	2	90.7
AIDS Drug Assistance Program (ADAP)	3	84.6
Oral Health Care	4	76.7
Mental Health, Psychiatry	5	75.3

Counseling and Testing in Care Settings	6	70.5
Medical Transportation – Bus Passes	7	70.5
Nutrition Support – Food Bank	8	67.8
Medical Nutrition Therapy	9	67.4
Rental Assistance	10	65.6

ii. Overall Ranking of Service Needs of Gay/Lesbians:

The top 10 services for which gay/lesbian respondents reported any need for are listed in Table 52. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.3% to 91.6%. The average number of services that gay/lesbian respondents needed was 11.3 (24.0%), and ranged from 2-47. Although not shown, the lowest-ranked service was child care, with only 1.3% of gay/lesbian respondents stating that they needed this service in the past 12 months.

Table 52: Overall Ranking of Service Needs of LACHNA-Care Gay/Lesbian Participants (n=227)

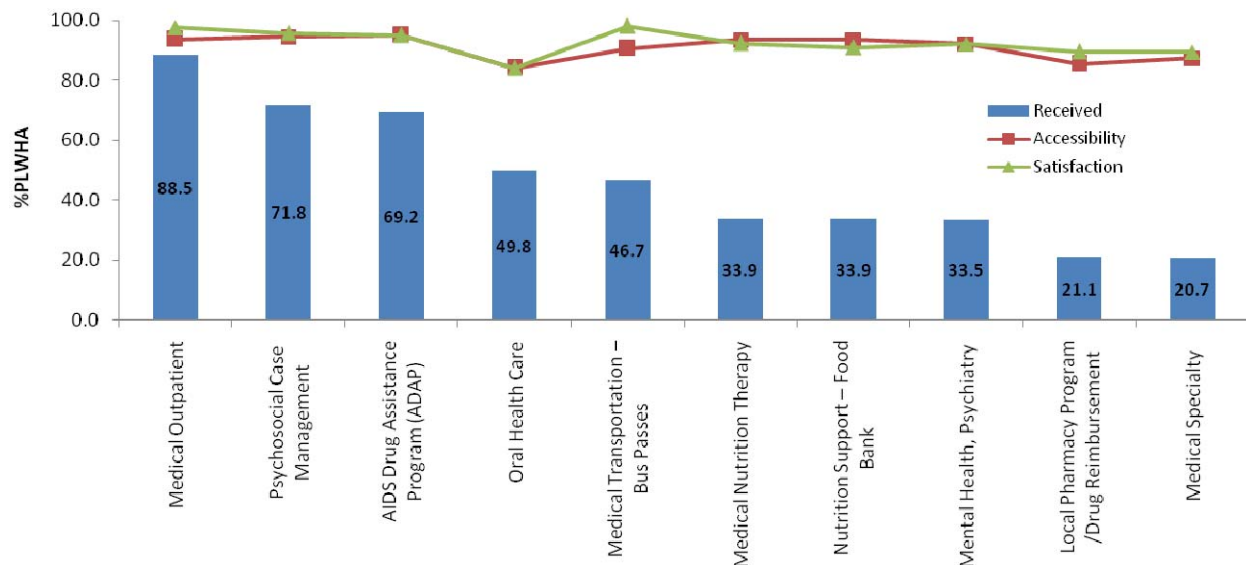
Service Category	Rank	% Need
Medical Outpatient	1	91.6
Oral Health Care	2	80.6
Psychosocial Case Management	3	79.7
AIDS Drug Assistance Program (ADAP)	4	76.2
Medical Transportation – Bus Passes	5	63.4
Nutrition Support – Food Bank	6	55.1
Medical Nutrition Therapy	7	52.0
Rental Assistance	8	45.8
Mental Health, Psychiatry	9	42.3
Local Pharmacy Program/Drug Reimbursement	10	33.9

iii. Overall Ranking of Services Received by Gay/Lesbians:

The top 10 services for which gay/lesbian respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 18. Of the 47 individual service categories, the proportion of gay/lesbian respondents that received a service ranged from 0.4% to 88.5%. The average number of services that gay/lesbian individuals received was 7.3 (15.5%) and ranged from 0-44. Although not shown, the lowest-ranked service was child care, with only 0.4% of gay/lesbians stating that they had received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 18 below contains this information for the top 10 services received. Overall, 88.4% of gay/lesbian respondents stated that they had no problems accessing needed services. Satisfaction was high with 86.9% of these respondents stating that they were satisfied with the services that they were receiving.

Figure 18: Top 10 Services Received by LACHNA-Care Gay/Lesbian Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=227)



iv. Service Gaps for Gay/Lesbians:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for gay/lesbian respondents below in Table 53. Among gay/lesbian respondents, 30.8% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining these services.

Table 53: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Gay/Lesbian Participants (n=227)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	30.8	19.4	21.0	51.6
Rental Assistance	2	26.4	19.6	28.6	44.7
Nutrition Support – Food Bank	3	21.1	NR	25.6	67.4
Short Term Rent, Mortgage, Utility Assistance	4	19.4	16.2	13.5	62.2
Medical Nutrition Therapy	5	18.1	NR	20	65.7
Medical Transportation – Bus Passes	6	16.7	13.9	NR	66.7
Housing Case Management	7	15.4	16.7	NR	66.7
Health Insurance Premiums and Cost Sharing	8	14.5	NR	NR	78.1
Mental Health, Psychotherapy	9	13.2	NR	NR	62.5
Medical Transportation – Taxi Voucher	10	13.2	NR	NR	71.4

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

F.2 Heterosexuals

i. Overall Ranking of Service Awareness of Heterosexuals:

There were 161 respondents to the LACHNA-Care survey who identify as heterosexual, comprising 35.8% of the study group. The top 10 services for which heterosexuals were aware of are listed below in Table 54. Of the 47 individual service categories, the proportion of respondents with awareness for a service ranged from 14.9% to 86.3%. The average number of services that heterosexual respondents were aware of was 21.2 (45.1%) and the range was 0-47. Although not shown, the lowest-ranked service was hospice, with only 14.9% of heterosexuals stating that they were aware of this service.

Table 54: Overall Ranking of Service Awareness of LACHNA-Care Heterosexual Participants (n=161)

Service Category	Rank	% Aware
Medical Outpatient	1	86.3
Psychosocial Case Management	2	80.1
AIDS Drug Assistance Program (ADAP)	3	78.3
Nutrition Support – Food Bank	4	76.4
Medical Transportation – Bus Passes	5	74.5
Medical Nutrition Therapy	6	72.0
Oral Health Care	7	70.8
Mental Health, Psychiatry	8	68.9
Counseling and Testing in Care Settings	9	68.9
Rental Assistance	10	65.8

ii. Overall Ranking of Service Needs of Heterosexuals:

The top 10 services for which heterosexuals reported any need are listed below in Table 55. Of the 47 individual service categories, the proportion needing a service ranged from 1.9% to 98.8%. The average number of services that heterosexual respondents needed was 11.7 (24.9%), and ranged from 0-33. Although not shown, the two lowest-ranked services, both of which only 1.9% of heterosexuals stated that they needed in the past 12 months, included hospice and respite care.

Table 55: Overall Ranking of Service Needs of LACHNA-Care Heterosexual Participants (n=161)

Service Category	Rank	% Need
Medical Outpatient	1	98.8
Oral Health Care	2	83.2
Psychosocial Case Management	3	78.9
AIDS Drug Assistance Program (ADAP)	4	72.7
Medical Transportation – Bus Passes	5	72.0
Nutrition Support – Food Bank	6	62.1

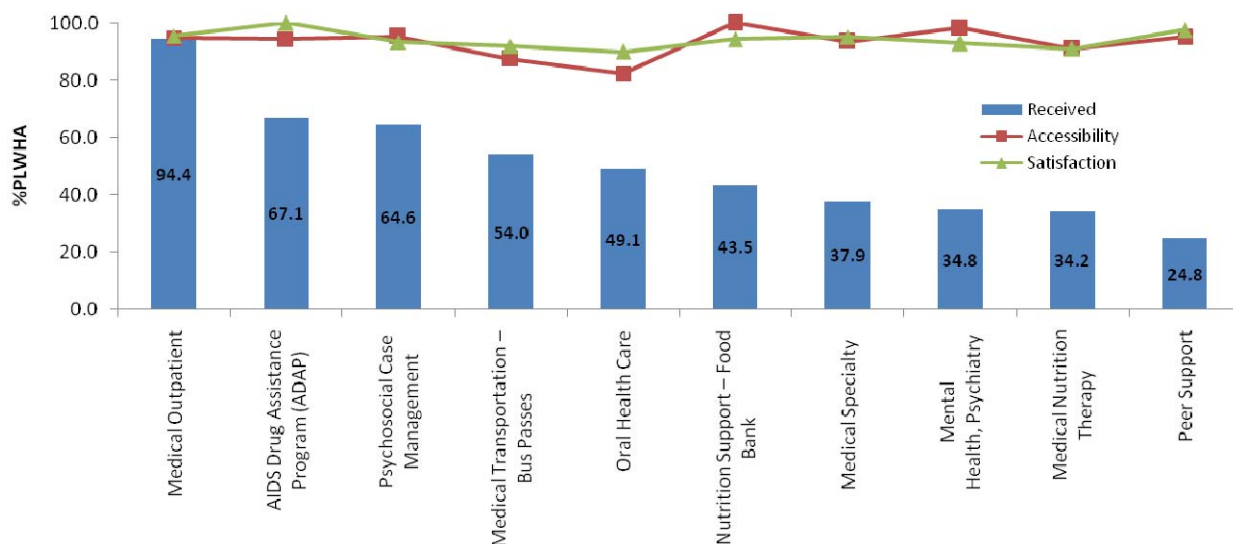
Medical Nutrition Therapy	7	56.5
Medical Specialty	8	50.9
Rental Assistance	9	50.3
Mental Health, Psychiatry	10	45.3

iii. Overall Ranking of Services Received by Heterosexuals:

The top 10 services for which heterosexuals reported receiving in the past 12 months are listed in the blue bar graph in Figure 19 below. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 0% to 94.4%. The average number of services heterosexual survey respondents received was 7.5 (16.0%), and ranged from 0-25. Although not shown, the two lowest-ranked services, both of which no heterosexuals stated they received in the past 12 months, included hospice and respite care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 19 below contains this information for the top 10 services received. Overall, 91.7% of heterosexuals stated that they had no problems accessing needed services. Satisfaction was high with 95.6% of these respondents stating that they were satisfied with the services that they were receiving.

Figure 19: Top 10 Services Received by LACHNA-Care Heterosexual Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=161)



iv. Service Gaps for Heterosexuals:

The top 10 services with the largest service gaps and barriers are listed for heterosexuals below in Table 56. Among heterosexual respondents, 34.2% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among heterosexual participants. Additionally, participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining these services.

Table 56: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Heterosexual Participants (n=161)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	34.2	24.4	17.8	55.6
Rental Assistance	2	27.3	23.1	33.3	41.0
Medical Nutrition Therapy	3	22.4	NR	NR	66.7
Short Term Rent, Mortgage, Utility Assistance	4	21.7	NR	NR	70.0
Nutrition Support – Food Bank	5	18.6	NR	NR	69.6
Medical Transportation – Bus Passes	6	18.0	NR	NR	76.0
Medical Transportation – Taxi Vouchers	7	16.8	NR	NR	73.1
Psychosocial Case Management	8	14.3	NR	NR	60.0
HIV LA Directory	9	13.0	NR	NR	75.0
Medical Specialty	10	13.0	41.7	NR	41.7

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

F.3 Bisexuals

i. Overall Ranking of Service Awareness of Bisexuals:

There were 55 respondents to the LACHNA-Care survey who identify as bisexual, comprising 12.2% of the study group. The top 10 services for which bisexuals were aware of are listed below in Table 57. Of the 47 individual service categories, the proportion of bisexuals who were aware of a service ranged from 10.9% to 81.8%. The average number of services that bisexual respondents were aware of was 18.9 (40.2%), and the range of number of services aware of was 3-47. Although not shown, the two lowest-ranked services, both of which only 10.9% of bisexuals stated they were aware of, included hospice and rehabilitation.

Table 57: Overall Ranking of Service Awareness of LACHNA-Care Bisexual Participants (n=55)

Service Category	Rank	% Aware
Medical Outpatient	1	81.8
Psychosocial Case Management	2	81.8
AIDS Drug Assistance Program (ADAP)	3	74.5
Rental Assistance	4	72.7
Medical Transportation – Bus Passes	5	70.9
Mental Health, Psychiatry	6	67.3
Counseling and Testing in Care Settings	7	63.6
Nutrition Support – Food Bank	8	63.6
Oral Health Care	9	61.8
Housing Case Management	10	60.0

ii. Overall Ranking of Service Needs of Bisexuals:

The top 10 services for which bisexuals reported any need are listed below in Table 58. Of the 47 individual service categories, the proportion needing a service ranged from 0% to 89.1%. The average number of services that bisexual respondents needed was 11.8 (25.1%) and ranged from 4-34. Although not shown, the lowest-ranked service was language/interpretation that no bisexual respondents stating that they needed it in the past 12 months.

Table 58: Overall Ranking of Service Needs of LACHNA-Care Bisexual Participants (n=55)

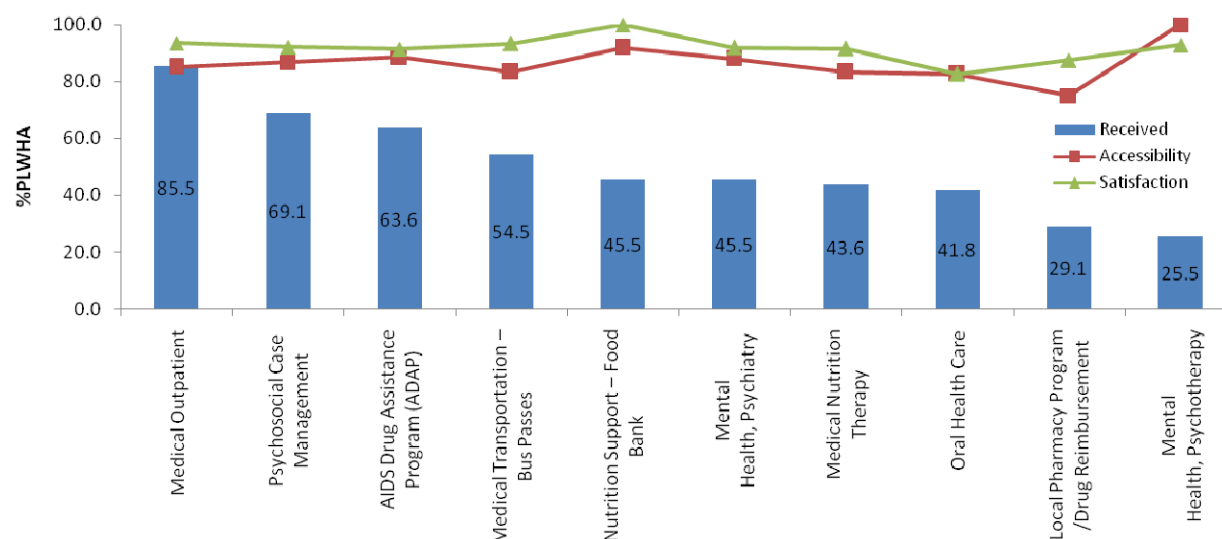
Service Category	Rank	% Need
Oral Health Care	1	89.1
Medical Outpatient	2	87.3
Psychosocial Case Management	3	80.0
Medical Transportation – Bus Passes	4	74.5
AIDS Drug Assistance Program (ADAP)	5	70.9
Nutrition Support – Food Bank	6	63.6
Medical Nutrition Therapy	7	56.4
Rental Assistance	8	54.5
Mental Health, Psychiatry	9	50.9
Local Pharmacy Program/Drug Reimbursement	10	40.0

iii. Overall Ranking of Services Received by Bisexuals:

The top 10 services for which bisexuals reported receiving in the past 12 months are listed in the blue bar graph in Figure 20 below. Of the 47 individual service categories, the proportion of bisexual respondents that received a service ranged from 0% to 85.5%. The average number of services bisexual survey respondents received was 7.9 (16.8%), and ranged from 0-32. Although not shown, the lowest-ranked services, all of which no bisexual respondents stated they received in the past 12 months, included: hospice, substance abuse, treatment – methadone, skilled nursing, transitional residential care facility and language/interpretation.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 20 below contains this information for the top 10 services received. Overall, 81.2% of bisexuals stated that they had no problems accessing needed services. Satisfaction was quite high with 90.2% of these respondents stating that they were satisfied with the services that they were receiving.

Figure 20: Top 10 Services Received by LACHNA-Care Bisexual Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=55)



iv. Service Gaps for Bisexuals:

The top 10 services with the largest service gaps and barriers are listed for bisexuals below in Table 59. Among bisexual respondents, 47.3% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining these services. Please note that since this group is smaller than others (n=55), many categories could not be reported on and results should be interpreted with caution.

Table 59: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Bisexual Participants (n=55)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	47.3	21.7	NR	60.9
Rental Assistance	2	36.4	NR	25.0	45.0
Benefits Specialty	3	21.8	50.0	NR	41.7
Medical Transportation – Bus Passes	4	20.0	NR	NR	54.6
Housing Case Management	5	20.0	NR	NR	63.4
Nutrition Support – Food Bank	6	18.2	NR	NR	80.0
Short Term Rent, Mortgage, Utility Assistance	7	16.4	NR	NR	66.7
Medical Nutrition Therapy	8	12.7	NR	NR	85.7
Local Pharmacy Program/ Drug Reimbursement	9	10.9	NR	NR	NR
Psychosocial Case Management	10	10.9	NR	NR	NR

¹ % gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

² May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³ Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

F.4 Analysis of Service Gaps by Sexual Orientation

Table 60 below details differences in the average number of HIV service gaps reported by sexual orientation. The table presents this analysis for all services, as well as by each service cluster. Since there were multiple (more than 2) groups to compare, results from an ANOVA test are presented in the table, with significant results ($p \leq 0.05$) from individual comparison tests (t-test's) highlighted in the footnotes. Based on these results, only one significant difference in the number of service gaps was detected based on sexual orientation. Although there is a small difference in the mean number of case management service gaps between individuals who identify as gay/lesbian and those who identify as heterosexual (0.5 vs. 0.8), it is statistically significant ($p=0.02$).

Table 60: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Sexual Orientation

Service Cluster	Sexual Orientation	Mean Number Service Gaps (SD)	ANOVA F-value (p-value)
All HIV Services (n=395)	Gay/Lesbian	4.5 (4.8)	0.01 (p=0.99)
	Heterosexual	4.6 (4.5)	
	Bisexual	4.5 (4.0)	
Health-Related Services (n=346)	Gay/Lesbian	1.7 (1.7)	0.37 (p=0.69)
	Heterosexual	1.8 (1.7)	
	Bisexual	1.6 (1.5)	
Case Management Services (n=233)	Gay/Lesbian	0.5 (0.8)	2.74 (p=0.07) ³
	Heterosexual	0.8 (0.9)	
	Bisexual	0.7 (0.9)	
Transportation Services (n=201)	Gay/Lesbian	0.9 (1.0)	0.63 (p=0.54)
	Heterosexual	1.0 (1.0)	
	Bisexual	0.9 (1.0)	
Residential Care and Housing Services (n=225)	Gay/Lesbian	1.5 (1.3)	1.59 (p=0.21)
	Heterosexual	1.8 (1.5)	
	Bisexual	1.3 (1.1)	
Support Services (n=285)	Gay/Lesbian	1.8 (1.8)	0.32 (p=0.73)
	Heterosexual	1.8 (1.6)	
	Bisexual	1.6 (1.5)	

¹ A gap in service is defined as a service that is needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services, 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

³ From multiple t-test analysis: Gay/Lesbian vs. Heterosexual $p=0.02$.

F.5 Notable Findings

- When broken out by sexual orientation, all three groups listed medical outpatient services and psychosocial case management as the services of which they were most aware.
- These two services (medical outpatient and psychosocial case management) were also some of the most requested services by all of these groups, along with oral health care.
- As with other groups and the study group in general, satisfaction with received services was high, and very few respondents reporting any problems accessing needed services.
- No real differences were discovered in the number of service gaps reported by sexual orientation. The only exception is the number of case management services reported by heterosexuals was slightly higher than those reported by gay/lesbians (0.8 vs. 0.5). Since the actual difference is so small this finding should be interpreted with caution.

G. MSM and non-MSM

A person is classified as MSM (men who have sex with men) if they: 1) identify both their biological sex and current gender as male, and 2) self-identify as homosexual/gay or bisexual, and/or report sex with a male partner in the past 12 months. A smaller proportion of HIV-positive males who did not identify as either homosexual/gay or bisexual and had not reported sex with a male partner in the past 12 months were identified as non-MSM.

G.1 MSM

i. Overall Ranking of Service Awareness of MSM:

There were 262 MSM respondents in the LACHNA-Care survey, comprising 58.2% of the study sample and 77.7% of all males. The top 10 services for which MSM respondents were most aware of are listed below in Table 61. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 15.6% to 90.5%. The average number of services that MSM were aware of was 21.0 (44.7%), and the range of number of services that MSM were aware of was 0-47. Although not shown, the lowest-ranked service was child care, with only 15.6% of MSM participants stating that they were aware of this service.

Table 61: Overall Ranking of Service Awareness of LACHNA-Care MSM Participants (n=262)

Service Category	Rank	% Aware
Medical Outpatient	1	90.5
Psychosocial Case Management	2	89.3
AIDS Drug Assistance Program (ADAP)	3	82.8
Oral Health Care	4	75.2
Mental Health, Psychiatry	5	74.8
Medical Transportation – Bus Passes	6	70.2
Counseling and Testing in Care Settings	7	69.8
Nutrition Support – Food Bank	8	68.3
Rental Assistance	9	67.6
Medical Nutrition Therapy	10	64.5

ii. Overall Ranking of Service Needs of MSM:

The top 10 services for which MSM respondents reported any need are listed below in Table 62. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 0.8% to 90.5%. The average number of services that respondents needed was 11.1 (23.6%) and ranged from 2-44. Although not shown, the lowest-ranked service was child care, with only 0.8% of MSM stating that they needed this service in the past 12 months.

Table 62: Overall Ranking of Service Needs of LACHNA-Care MSM Participants (n=262)

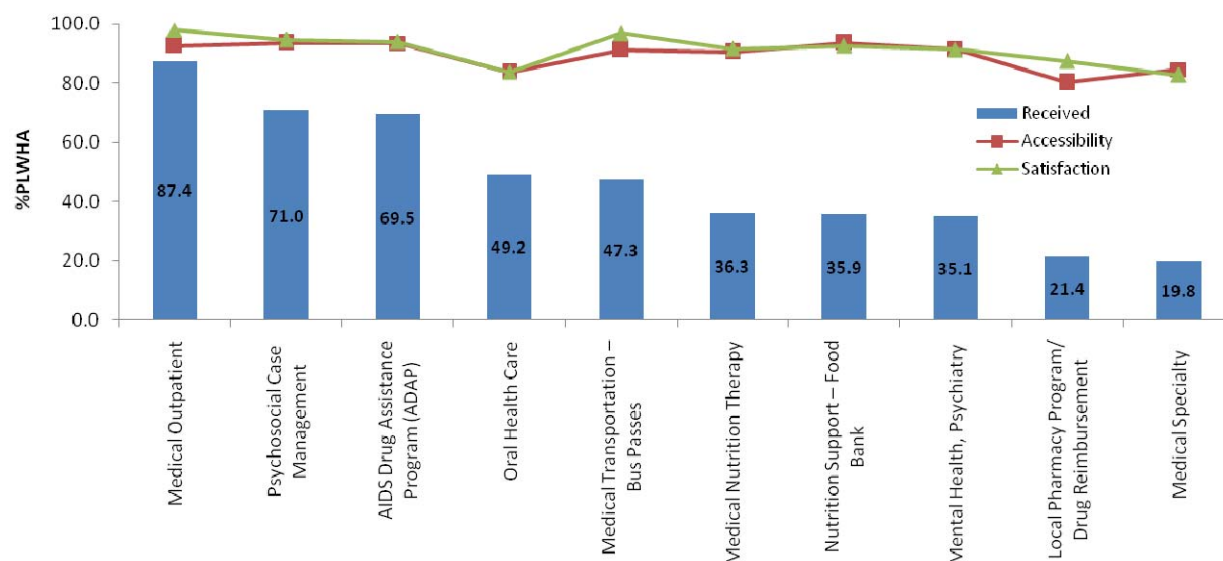
Service Category	Rank	% Need
Medical Outpatient	1	90.5
Oral Health Care	2	81.7
Psychosocial Case Management	3	79.0
AIDS Drug Assistance Program (ADAP)	4	77.5
Medical Transportation – Bus Passes	5	64.1
Nutrition Support – Food Bank	6	55.3
Medical Nutrition Therapy	7	51.9
Rental Assistance	8	46.9
Mental Health, Psychiatry	9	43.1
Local Pharmacy Program/Drug Reimbursement	10	34.0

iii. Overall Ranking of Services Received by MSM:

The top 10 services for which MSM respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 21 below. Of the 47 individual service categories, the proportion of MSM respondents that received a service ranged from 0% to 87.4%. The average number of services that MSM received was 7.1 (15.1%), and ranged from 0-35. Although not shown, the lowest-ranked service was child care, with no MSM respondents stating that they had received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 21 below contains this information for the top 10 services received. Overall, 88.5% of MSM stated that they had no problems accessing needed services. Satisfaction was high with 86.1% of MSM stating that they were satisfied with the services that they were receiving.

Figure 21: Top 10 Services Received by LACHNA-Care MSM Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=262)



iv. Service Gaps for MSM:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for MSM below in Table 63. Among MSM respondents, 32.4% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, MSM participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining oral health care.

Table 63: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care MSM Participants (n=262)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	32.4	18.0	21.8	52.6
Rental Assistance	2	28.6	19.4	29.2	44.4
Short Term Rent, Mortgage, Utility Assistance	3	19.8	17.0	12.8	63.8
Nutrition Support – Food Bank	4	19.5	NR	25.0	70.8
Medical Transportation – Bus Passes	5	16.8	11.6	11.6	67.4
Housing Case Management	6	16.4	20.5	NR	64.1
Medical Nutrition Therapy	7	15.6	NR	18.4	68.4
Benefits Specialty	8	13.0	24.2	NR	63.6
Local Pharmacy Program/ Drug Reimbursement	9	12.6	19.4	16.1	54.8
Health Insurance Premiums and Cost Sharing	10	12.6	NR	NR	75.8

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

G.2 Non-MSM Males

i. Overall Ranking of Service Awareness of Non-MSM Males:

There were 75 non-MSM male respondents in the LACHNA-Care survey, comprising 16.7% of the study group and 22.3% of all males. The top 10 services non-MSM male respondents were aware of are listed below in Table 64. Of the 47 individual service categories, the proportion of awareness among respondents for a service ranged from 14.7% to 81.3%. The average number of services that non-MSM male respondents were aware of was 21.2 (45.1%), and the range of number of services they were aware of was 0-47. Although not shown, the lowest-ranked service was hospice, with only 14.7% of non-MSM males stating that they were aware of this service.

Table 64: Overall Ranking of Service Awareness of LACHNA-Care Non-MSM Male Participants (n=75)

Service Category	Rank	% Aware
Medical Outpatient	1	81.3
Nutrition Support – Food Bank	2	78.7
Psychosocial Case Management	3	77.3
AIDS Drug Assistance Program (ADAP)	4	76.0
Mental Health, Psychiatry	5	70.7
Counseling and Testing in Care Settings	6	70.7
Medical Nutrition Therapy	7	69.3
Medical Transportation – Bus Passes	8	69.3
Oral Health Care	9	68.0
Rental Assistance	10	64.0

ii. Overall Ranking of Service Needs of Non-MSM Males:

The top 10 services non-MSM male respondents reported any need are listed below in Table 65. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 0% to 97.3%. The average number of services that non-MSM male respondents needed was 12.5 (26.6%), and ranged from 0-33. Although not shown, the lowest-ranked service was child care, with no non-MSM males stating that they needed this service in the past 12 months.

Table 65: Overall Ranking of Service Needs of LACHNA-Care Non-MSM Male Participants (n=75)

Service Category	Rank	% Need
Medical Outpatient	1	97.3
Oral Health Care	2	81.3
Psychosocial Case Management	3	76.0
AIDS Drug Assistance Program (ADAP)	4	74.7
Medical Transportation – Bus Passes	5	74.7

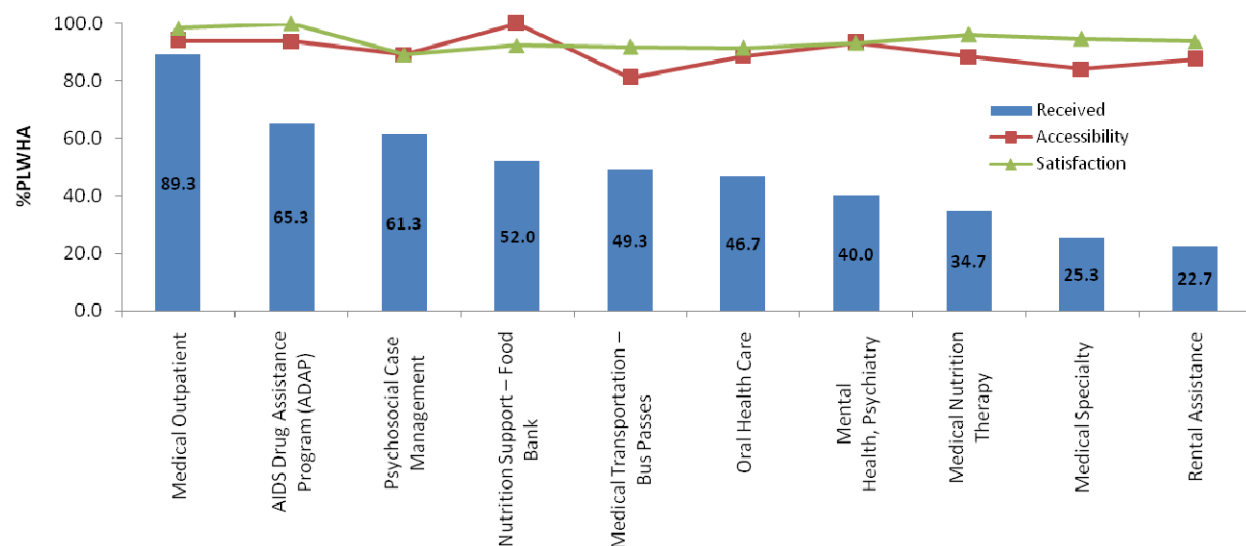
Nutrition Support – Food Bank	6	70.7
Medical Nutrition Therapy	7	58.7
Rental Assistance	8	54.7
Mental Health, Psychiatry	9	49.3
Medical Specialty	10	37.3

iii. Overall Ranking of Services Received by Non-MSM:

The top 10 services for which non-MSM male respondents reported receiving in the past 12 months are listed in the blue bar graph in figure 22 below. Of the 47 individual service categories, the proportion of non-MSM male respondents that received a service ranged from 0% to 89.3%. The average number of services respondents received was 7.5 (15.9%), and ranged from 0-21. Not shown are the lowest-ranked services, all of which no non-MSM males stated that they needed in the past 12 months, and included hospice, skilled nursing, child care and respite care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 22 below contains this information for the top 10 services received. Overall, 88.9% of non-MSM males stated that they had no problems accessing needed services. Satisfaction was quite high with 93.6% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 22: Top 10 Services Received by LACHNA-Care Non-MSM Male Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=75)



iv. Service Gaps for Non-MSM:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed below for non-MSM males in Table 66. Among non-MSM male respondents, 34.2% reported that they needed oral health care but were unable to obtain it, making it

the largest service gap among these participants. Additionally, participants mostly report individual barriers (not knowing where to go for this service or that it was available) to obtaining this service.

Table 66: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Non-MSM Male Participants (n=75)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	34.7	NR	22.7	63.6
Rental Assistance	2	32.0	27.3	36.4	36.4
Short Term Rent, Mortgage, Utility Assistance	3	25.3	NR	NR	64.7
Medical Transportation – Bus Passes	4	25.3	NR	NR	75.0
Medical Nutrition Therapy	5	24.0	NR	NR	73.3
Medical Transportation – Bus Tokens	6	18.7	NR	NR	69.2
Medical Transportation – Taxi Vouchers	7	18.7	NR	NR	78.6
Nutrition Support – Food Bank	8	18.7	NR	NR	75.0
Local Pharmacy Program/Drug Reimbursement	9	17.3	NR	NR	63.6
Housing Case Management	10	16.0	NR	NR	45.5

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

G.3 Analysis of Service Gaps by MSM

Table 67 below details differences in the average number of HIV service gaps reported by MSM status. The table presents this analysis for all services, as well as by each service cluster; see Table 4 above (pg. 13) for a detailed description of service clusters. Since there are only two comparisons groups, results from t-tests are presented in the table below. Based on these results, only one significant difference in the mean number of service gaps was detected. Statistically significant differences were observed in the mean number of case management service gaps for MSM vs. non-MSM (0.6 vs. 1.1, p<0.01).

Table 67: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by MSM Status

Service Cluster	MSM Status	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=301)	MSM	4.5 (4.5)	1.39 (p=0.17)
	Non-MSM	5.3 (5.0)	
Health-Related Services (n=266)	MSM	1.7 (1.6)	1.85 (p=0.07)
	Non-MSM	2.2 (2.1)	

Case Management Services (n=179)	MSM	0.6 (0.9)	2.82 (p<0.01)
	Non-MSM	1.1 (1.0)	
Transportation Services (n=157)	MSM	0.9 (1.0)	1.77 (p=0.08)
	Non-MSM	1.2 (1.1)	
Residential Care and Housing Services (n=179)	MSM	1.5 (1.3)	1.54 (p=0.13)
	Non-MSM	1.8 (1.5)	
Support Services (n=216)	MSM	1.8 (1.7)	0.03 (p=1.00)
	Non-MSM	1.8 (1.8)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support service.

G.4 Notable Findings

- MSM and non-MSM males both stated that they were most aware of oral health care. Non-MSM reported a much greater awareness for nutrition support – food bank (second ranked) than MSM (eighth ranked).
- MSM reported oral health care as their second greatest need (81.7%), and despite the fact that oral health care was the fourth most received service (49.2%), it still represented the largest gap in care for this group (32.4%). This trend was similar to non-MSM who listed oral health care as their second greatest need (81.3%), but was the fifth most received service (46.7%), representing a service gap of 34.7%.
- Very few statistically significant differences were detected between MSM and non-MSM male respondents with the exception of case management services where non-MSM reported more service gaps compared to MSM (1.1 vs. 0.6).

H. Minority Men Who Have Sex with Men (MSM)

H.1 Latino MSM

i. Overall Ranking of Service Awareness of Latino MSM:

There were 118 Latino MSM respondents in the LACHNA-Care survey, which comprises 26.2% of the study group, 45.0% of all MSM respondents and 55.4% of all Latino respondents. The top 10 services for which Latino MSM respondents were aware of are listed below in Table 68. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 12.7% to 81.1%. The average number of services that Latino MSM respondents were aware of was 18.6 (39.6%) and the range in the number of services that Latino MSM was aware of was 0-47. Although not shown, the lowest-ranked services were transitional residential care facility, with only 12.7% of Latino MSM stating that they were aware of this service.

Table 68: Overall Ranking of Service Awareness of LACHNA-Care Latino MSM Participants (n=118)

Service Category	Rank	% Aware
Medical Outpatient	1	88.1
Psychosocial Case Management	2	87.3
AIDS Drug Assistance Program (ADAP)	3	79.7
Medical Transportation – Bus Passes	4	76.3

Mental Health, Psychiatry	5	70.3
Oral Health Care	6	68.6
Medical Nutrition Therapy	7	63.6
Counseling and Testing in Care Settings	8	63.6
Rental Assistance	9	61.0
Nutrition Support – Food Bank	10	61.0

ii. Overall Ranking of Service Needs of Latino MSM:

The top 10 services for which Latino MSM respondents reported any need are listed below in Table 69. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.7% to 86.4%. The average number of services that Latino MSM respondents needed was 11.2 (23.8%) and ranged from 2-44. Although not shown, the lowest-ranked services, both of which only 1.7% of Latino MSM stated they needed in the past 12 months, included respite care and child care.

Table 69: Overall Ranking of Service Needs of LACHNA-Care Latino MSM Participants (n=118)

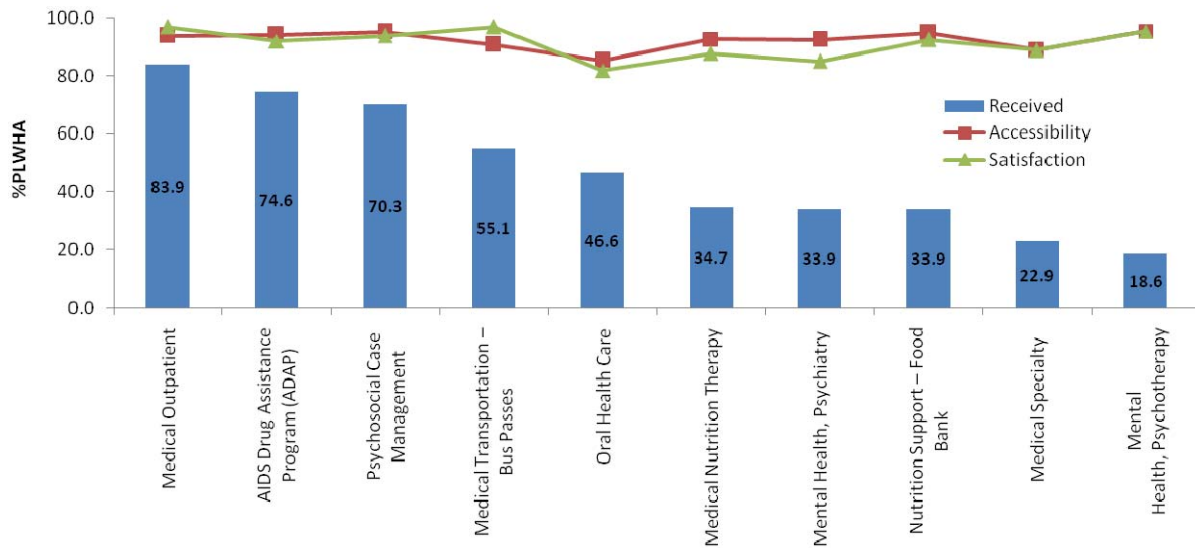
Service Category	Rank	% Need
Medical Outpatient	1	86.4
AIDS Drug Assistance Program (ADAP)	2	79.7
Psychosocial Case Management	3	79.7
Oral Health Care	4	77.1
Medical Transportation – Bus Passes	5	68.6
Nutrition Support – Food Bank	6	54.2
Medical Nutrition Therapy	7	53.4
Rental Assistance	8	48.3
Mental Health, Psychiatry	9	42.4
Medical Specialty	10	36.4

iii. Overall Ranking of Services Received by Latino MSM:

The top 10 services for which Latino MSM respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 23 below. Of the 47 individual service categories, the proportion of Latino MSM respondents that received a service ranged from 0% to 83.9%. The average number of services that Latino MSM received was 7.2 (15.3%) and ranged from 0-21. Although not shown, the lowest-ranked services, both of which no Latino MSM stated that they needed in the past 12 months, included respite care and child care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 23 below contains this information for the top 10 services received by Latino MSM. Overall, 85.5% of Latino MSM stated that they had no problems accessing needed services. Satisfaction was high with 82.3% of all respondents stating they were satisfied with the services they were receiving.

Figure 23: Top 10 Services Received by LACHNA-Care Latino MSM Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=118)



iv. Service Gaps for Latino MSM:

The top 10 services with the largest service gaps and barriers are listed for Latino MSM below in Table 70. Among Latino MSM respondents, 30.5% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly report individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining these services.

Table 70: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Latino MSM Participants (n=118)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	30.5	NR	27.6	55.2
Rental Assistance	2	30.5	27.3	18.2	45.5
Short Term Rent, Mortgage, Utility Assistance	3	22.0	NR	NR	57.1
Nutrition Support – Food Bank	4	20.3	NR	28.6	66.7
Medical Nutrition Therapy	5	18.6	NR	NR	57.9
Housing Case Management	6	18.6	NR	NR	72.2
Medical Transportation – Bus Passes	7	13.6	NR	NR	60.0
Medical Specialty	8	13.6	NR	NR	20.0
Peer Support	9	12.7	NR	NR	75.0
Local Pharmacy Program/ Drug Reimbursement	10	11.9	NR	NR	33.3

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know

who to ask for help.
NR=<5 respondents, too few to report

H.2 African American MSM

i. Overall Ranking of Service Awareness of African American MSM:

There were 52 African American MSM respondents to the LACHNA-Care survey, which comprise 11.6% of the study group, 19.9% of all MSM and 48.6% of all African American respondents. The top 10 services for which African American MSM respondents were aware of are listed below in Table 71. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 13.5% to 96.2%. The average number of services that African American MSM respondents were aware of was 25.5 (54.3%) and the range of number of services aware of was 6-46. Although not shown, the lowest-ranked service was hospice, with only 13.5% of African American MSM stating that they were aware of this service.

Table 71: Overall Ranking of Service Awareness of LACHNA-Care African American MSM Participants (n=52)

Service Category	Rank	% Aware
Psychosocial Case Management	1	96.2
Medical Outpatient	2	94.2
Medical Transportation – Bus Tokens	3	86.5
AIDS Drug Assistance Program (ADAP)	4	84.6
Mental Health, Psychiatry	5	82.7
Housing Case Management	6	82.7
Rental Assistance	7	82.7
Medical Transportation – Bus Passes	8	80.8
Nutrition Support – Food Bank	9	80.8
Oral Health Care	10	78.8

ii. Overall Ranking of Service Needs of African American MSM:

The top 10 services for which African American MSM reported any need are listed below in Table 72. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 0% to 92.3%. The average number of services that African American MSM respondents needed was 10.3 (21.9%) and ranged from 3-19. Although not shown, the lowest-ranked services, both of which only 1.9% of this population stated they needed in the past 12 months, included language/interpretation and child care.

Table 72: Overall Ranking of Service Needs of LACHNA-Care African American MSM Participants (n=52)

Service Category	Rank	% Need
Oral Health Care	1	92.3
Psychosocial Case Management	2	88.5
Medical Outpatient	3	86.5
Medical Transportation – Bus Passes	4	73.1
AIDS Drug Assistance Program (ADAP)	5	67.3
Rental Assistance	6	55.8
Nutrition Support – Food Bank	7	53.8

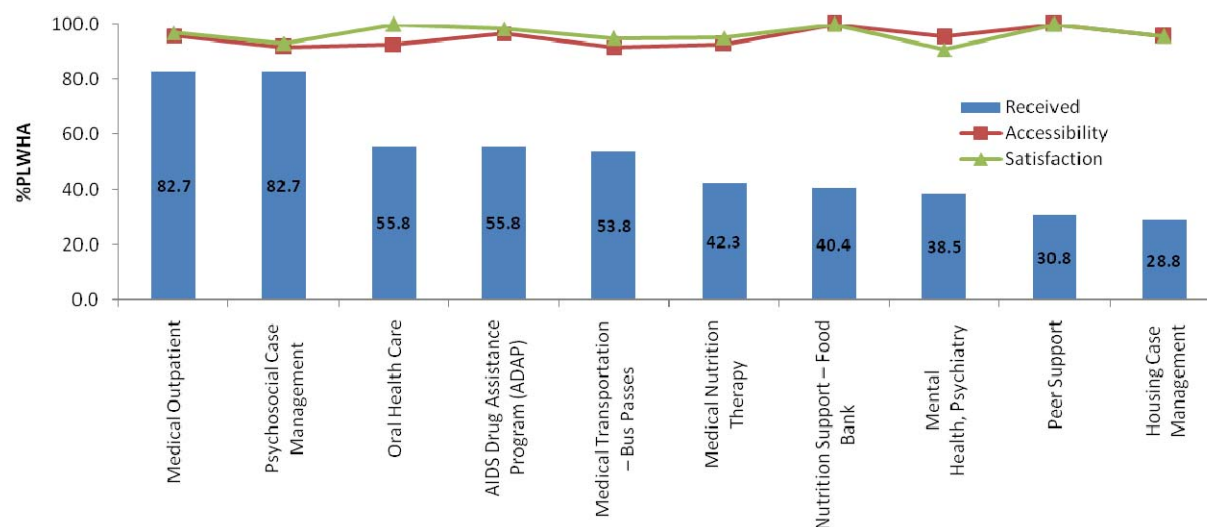
Medical Nutrition Therapy	8	50.0
Housing Case Management	9	44.2
Mental Health, Psychiatry	10	42.3

iii. Overall Ranking of Services Received by African American MSM:

The top 10 services for which African American MSM respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 24 below. Of the 47 individual service categories, the proportion of African American MSM respondents that received a service ranged from 0% to 82.7%. The average number of services African American MSM survey respondents received was 7.1 (15.1%), and ranged from 2-14. Although not shown, the lowest-ranked services, all of which no African American MSM stated that they needed in the past 12 months, included respite care, child care and hospice.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 24 below contains this information for the top 10 services received. Overall, 96.1% of African American MSM stated that they had no problems accessing needed services. Satisfaction was quite high with 93.8% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 24: Top 10 Services Received by LACHNA-Care African American MSM Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=52)



iv. Service Gaps for African American MSM:

The top 10 services with the largest service gaps and barriers are listed below for African American MSM in Table 73. Among African American MSM respondents, 36.5% reported that they needed oral health care but were unable to obtain it, making it the largest service need among these participants. Additionally, African American MSM mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) as the reason that they were unable to obtain services, but these data are sparse.

Table 73: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care African American MSM Participants (n=52)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	36.5	NR	26.3	42.1
Rental Assistance	2	28.8	NR	46.7	40.0
Medical Transportation – Bus Passes	3	19.2	NR	NR	70.0
Health Insurance Premiums and Cost Sharing	4	19.2	NR	NR	NR
Benefits Specialty	5	17.3	NR	NR	77.8
Housing Case Management	6	15.4	NR	NR	NR
Nutrition Support – Food Bank	7	13.5	NR	NR	NR
Medical Transportation – Taxi Vouchers	8	11.5	NR	NR	NR
AIDS Drug Assistance Program (ADAP)	9	11.5	NR	NR	NR
Medical Transportation – Bus Tokens	10	9.6	NR	NR	NR

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

H.3 Other MSM

There were 20 respondents in the survey who identified as MSM from another (Asian/Pacific Islander, American Indian/Alaskan Native, Mixed Race) minority racial group, comprising only 4.4% of the survey population. Because this population is so small, no analysis has been performed as any interpretation would be misleading.

H.4 Analysis of Service Gaps by Minority MSM

Table 74 details differences in the average number of HIV service gaps reported among MSM by race/ethnicity. There were so few MSM who identified as a different race/ethnicity from what is presented below (e.g., Asian/Pacific Islander, American Indian/Alaskan Native or mixed race) that this group was removed from analysis. The table presents this analysis for all services and by service cluster. Since there were multiple (more than 2) groups to compare, results from an ANOVA test are presented in the table with significant results ($p \leq 0.05$) from individual comparison tests (t-tests) highlighted in the footnotes. Based on these results, no significant differences in the mean number of service gaps for all HIV services were detected based on race/ethnicity for MSM. Statistically significant differences in the mean number of both transportation and residential care and housing services were observed. With transportation services specifically, Latino MSM reported fewer service gaps compared to White or African American MSM. The differences detected among residential care and housing services are marginal.

Table 74: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Minority MSM

Service Cluster	Race/MSM	Mean Number Service Gaps (SD)	ANOVA F-value (p-value)
All HIV Services (n=212)	Latino MSM	4.4 (4.6)	0.89 (p=0.41)
	African America MSM	4.0 (3.1)	
	White MSM	5.2 (5.1)	
Health-Related Services (n=189)	Latino MSM	1.7 (1.6)	0.23 (p=0.80)
	African America MSM	1.6 (1.4)	
	White MSM	1.8 (1.8)	
Case Management Services (n=136)	Latino MSM	0.7 (1.0)	0.58 (p=0.56)
	African America MSM	0.5 (0.7)	
	White MSM	0.6 (0.7)	
Transportation Services (n=107)	Latino MSM	0.6 (0.8)	6.49 (p<0.01)³
	African America MSM	1.0 (1.1)	
	White MSM	1.3 (1.0)	
Residential Care and Housing Services (n=130)	Latino MSM	1.7 (1.4)	2.00 (p=0.14) ⁴
	African America MSM	1.1 (0.7)	
	White MSM	1.5 (1.4)	
Support Services (n=156)	Latino MSM	1.7 (1.6)	0.75 (p=0.47)
	African America MSM	1.6 (1.3)	
	White MSM	2.0 (1.9)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are 16 health-related Services , 6 case management Services , 3 transportation services, 8 residential care and housing services and 14 support services.

³ From multiple t-test analysis: Latino MSM vs. all, white MSM p<0.01; White MSM vs. all p<0.01.

⁴ From multiple t-test analysis: Latino MSM vs. African American MSM p=0.05.

H.5 Notable Findings

- Both Latino and African American MSM ranked medical outpatient, psychosocial case management and ADAP as the services of which they were most aware.
- Although both Latino and African American MSM stated they had a great need for oral health care (ranked fourth by Latino MSM and first by African American MSM), both reported a lower awareness that they could receive this service (ranked sixth for Latino MSM and tenth for African American MSM). This highlights a gap in awareness that some populations experience with needed services.
- As previously reported by other populations, overall satisfaction with accessed services was high for both African American and Latino MSM.
- Latino and African American MSM reported the largest gaps in needed services for oral health care and rental assistance.
- Overall there were no statistically significant differences detected among MSM respondents in the number of reported service gaps. Latino MSM respondents did report fewer gaps in transportation services compared to whites (p<0.01), but more gaps in residential care and housing services compared to African Americans (p=0.05).

I. Homelessness

I.1 Currently Homeless

i. Overall Ranking of Service Awareness of Currently Homeless:

There were 54 currently homeless respondents in the LACHNA-Care survey, comprising 12.0% of the survey group. The top 10 services for which currently homeless respondents were aware of are listed below in Table 75. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 24.1% to 92.6%. The average number of services that currently homeless respondents were aware of was 24.9 (53.0%) and the range of number of services aware of was 2-47. Although not shown, the lowest-ranked service was rehabilitation, with only 24.1% of currently homeless stating that they were aware of this service.

Table 75: Overall Ranking of Service Awareness of LACHNA-Care Currently Homeless Participants (n=54)

Service Category	Rank	% Aware
Medical Outpatient	1	92.6
Psychosocial Case Management	2	87.0
AIDS Drug Assistance Program (ADAP)	3	81.5
Medical Transportation – Bus Passes	4	81.5
Nutrition Support – Food Bank	5	77.8
Medical Nutrition Therapy	6	75.9
Mental Health, Psychiatry	7	70.4
Counseling and Testing in Care Settings	8	70.4
Emergency Shelter	9	70.4
Oral Health Care	10	68.5

ii. Overall Ranking of Service Needs of Currently Homeless:

The top 10 services for which currently homeless respondents reported any need are listed below in Table 76. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 0% to 94.4%. The average number of services that currently homeless respondents needed was 14.3 (30.4%) and ranged from 5-33. Although not shown, the lowest-ranked services, both of which currently homeless respondents stated that they needed in the past 12 months, included respite care and child care.

Table 76: Overall Ranking of Service Needs of LACHNA-Care Currently Homeless Participants (n=54)

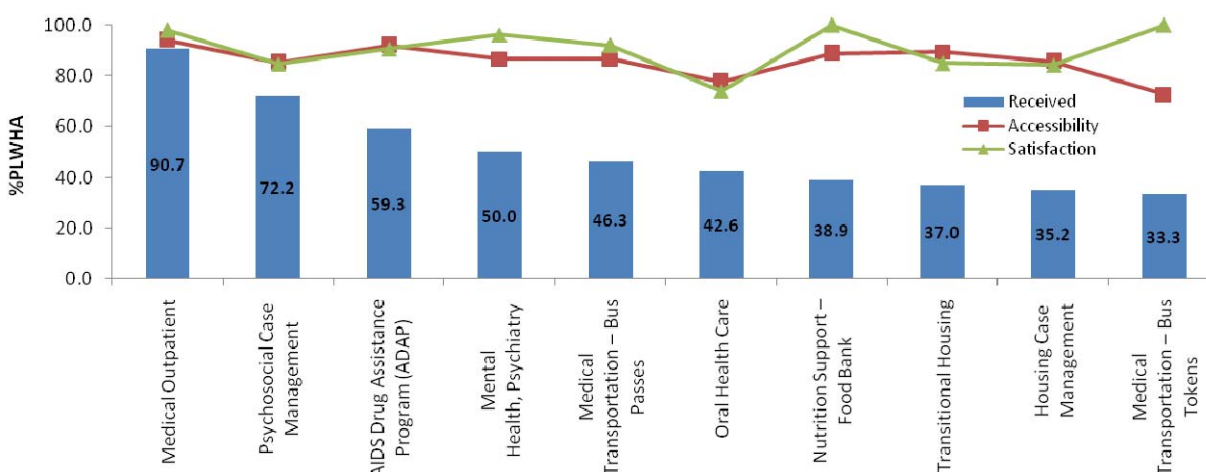
Service Category	Rank	% Need
Medical Outpatient	1	94.4
Psychosocial Case Management	2	88.9
Oral Health Care	3	79.6
Medical Transportation – Bus Passes	4	77.8
AIDS Drug Assistance Program (ADAP)	5	68.5
Nutrition Support – Food Bank	6	64.8
Mental Health, Psychiatry	7	63.0
Medical Nutrition Therapy	8	61.1
Transitional Housing	9	55.6

iii. Overall Ranking of Services Received by Currently Homeless:

The top 10 services for which currently homeless respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 25 below. Of the 47 individual service categories, the proportion of currently homeless respondents that received a service ranged from 0% to 90.7%. The average number of services that these respondents received was 8.7 (18.5%) and ranged from 0-21. Although not shown, the lowest-ranked services, both of which no currently homeless respondents stated they needed in the past 12 months, included respite care and child care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 25 below contains this information for the top 10 services received. Overall, 92.5% of currently homeless respondents stated that they had no problems accessing needed services. Satisfaction was high with 87.3% of all respondents stating they were satisfied with the services they were receiving.

Figure 25: Top 10 Services Received by LACHNA-Care Currently Homeless Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=54)



iv. Service Gaps for Currently Homeless:

The top 10 services with the largest service gaps and barriers are listed for currently homeless respondents below in Table 77. Among currently homeless respondents, 42.6% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 77: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Currently Homeless Participants (n=54)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Rental Assistance	1	42.6	21.8	47.8	30.4
Oral Health Care	2	37.0	NR	NR	50.0
Medical Nutrition Therapy	3	31.5	NR	NR	82.4
Medical Transportation – Bus Passes	4	31.5	NR	NR	82.4
Benefits Specialty	5	29.6	NR	NR	56.3
Nutrition Support – Food Bank	6	25.9	NR	35.7	64.3
Short Term Rent, Mortgage, Utility Assistance	7	22.2	NR	NR	58.3
Peer Support	8	20.4	NR	NR	81.8
Medical Transportation – Taxi Vouchers	9	20.4	NR	NR	81.8
Emergency Shelter	10	20.4	NR	NR	NR

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

I.2 Chronically Homeless

i. Overall Ranking of Service Awareness of Chronically Homeless:

There were 75 chronically homeless respondents in the LACHNA-Care survey, comprising 16.7% of the survey group. The top 10 services for which chronically homeless respondents were aware of are listed below in Table 78. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 20.0% to 89.3%. The average number of services that chronically homeless respondents were aware of was 24.8 (52.8%) and the range was 2-47. Although not shown, the lowest-ranked service was hospice, with only 20.0% of chronically homeless stating that they were aware of this service.

Table 78: Overall Ranking of Service Awareness of LACHNA-Care Chronically Homeless Participants (n=75)

Service Category	Rank	% Aware
Medical Outpatient	1	89.3
AIDS Drug Assistance Program (ADAP)	2	85.3
Psychosocial Case Management	3	84.0
Medical Transportation – Bus Passes	4	81.3
Nutrition Support – Food Bank	5	80.0
Mental Health, Psychiatry	6	73.3
Rental Assistance	7	72.0
Oral Health Care	8	70.7
Transitional Housing	9	70.7

ii. Overall Ranking of Service Needs of Chronically Homeless:

The top 10 services for which chronically homeless respondents reported any need are listed below in Table 79. Of the 47 individual service categories, the proportion needing a service ranged from 0% to 96.0%. The average number of services that chronically homeless respondents needed was 14.3 (30.4%) and ranged from 5-33. Although not shown, the lowest-ranked service was child care, with no chronically homeless persons stating that they needed this in the past 12 months.

Table 79: Overall Ranking of Service Needs of LACHNA-Care Chronically Homeless Participants (n=75)

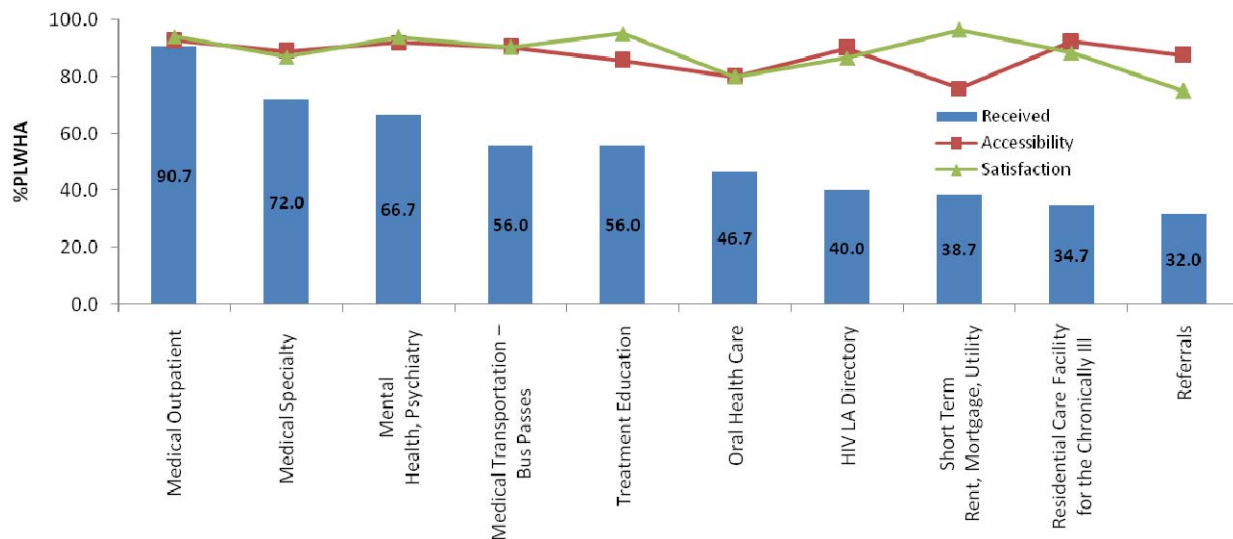
Service Category	Rank	% Need
Medical Outpatient	1	96.0
Psychosocial Case Management	2	85.3
Oral Health Care	3	84.0
Medical Transportation – Bus Passes	4	78.7
AIDS Drug Assistance Program (ADAP)	5	74.7
Mental Health, Psychiatry	6	65.3
Nutrition Support – Food Bank	7	58.7
Rental Assistance	8	56.0
Medical Nutrition Therapy	9	54.7
Housing Case Management	10	52.0

iii. Overall Ranking of Services Received by Chronically Homeless:

The top 10 services for which chronically homeless respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 26 below. Of the 47 individual service categories, the proportion of chronically homeless respondents that received a service ranged from 0% to 90.7%. The average number of services that chronically homeless survey respondents received was 9.0 (19.2%) and ranged from 0-25. Although not shown, the lowest-ranked services, both of which no chronically homeless person stated that they needed in the past 12 months, included language/interpretation and respite care.

For each service received, chronically homeless participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 26 below contains this information for the top 10 services received. Overall, 86.2% of chronically homeless respondents stated that they had no problems accessing needed services. Satisfaction was high with 83.4% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 26: Top 10 Services Received by LACHNA-Care Chronically Homeless Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=56)



iv. Service Gaps for Chronically Homeless:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for the chronically homeless below in Table 80. Among chronically homeless respondents, 41.3% reported that they needed rental assistance but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) as the main reasons that they were unable to access needed services.

Table 80: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Chronically Homeless Participants (n=56)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Rental Assistance	1	41.3	35.5	32.3	29.0
Oral Health Care	2	37.3	18.5	18.5	55.6
Medical Nutrition Therapy	3	25.3	NR	NR	79.0
Benefits Specialty	4	25.3	26.3	NR	63.2
Nutrition Support – Food Bank	5	24.0	NR	38.9	61.1
Medical Transportation – Bus Passes	6	22.7	NR	NR	76.5
Short Term Rent, Mortgage, Utility Assistance	7	20.0	NR	NR	46.7
Transitional Housing	8	18.7	NR	NR	38.5
Medical Transportation – Taxi Vouchers	9	18.7	NR	NR	85.7
Peer Support	10	16.0	NR	NR	66.7

¹ % gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

² May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³ Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

I.3 Analysis of Service Gaps Among Homeless

Tables 81 and 82 below detail differences in the average number of HIV service gaps reported by homelessness (both currently and chronically homeless). The tables present this analysis for all services and by service clusters. Since there are only two comparison groups, results from t-tests are presented in both tables below. Based on these results, significant differences in the average number of service gaps for all HIV services were detected for both currently and chronically homeless respondents, with both types of homeless participants reporting more service gaps compared to non-homeless. No real differences were detected among any of the service clusters with one exception (chronically homeless had more service gaps in support services).

Table 81: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Currently Homeless

Service Cluster	Homelessness	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=401)	Not Homeless	4.4 (4.5)	2.26 (p=0.02)
	Currently Homeless	5.9 (4.6)	
Health-Related Services (n=351)	Not Homeless	1.8 (1.7)	0.73 (p=0.47)
	Currently Homeless	1.9 (1.9)	
Case Management Services (n=236)	Not Homeless	0.6 (0.89)	0.96 (p=0.34)
	Currently Homeless	0.8 (0.8)	
Transportation Services (n=205)	Not Homeless	0.9 (1.0)	0.77 (p=0.45)
	Currently Homeless	1.0 (1.1)	
Residential Care and Housing Services (n=228)	Not Homeless	1.5 (1.4)	0.83 (p=0.41)
	Currently Homeless	1.7 (1.5)	
Support Services (n=289)	Not Homeless	1.7 (1.7)	1.22 (p=0.22)
	Currently Homeless	2.1 (1.5)	

¹ A gap in service is defined as services that are needed but did not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

Table 82: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Chronic Homelessness

Service Cluster	Homelessness	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=401)	Not Homeless	3.7 (4.3)	2.63 (p=0.01)
	Chronically Homeless	5.1 (4.7)	

Health-Related Services (n=351)	Not Homeless	1.2 (1.5)	1.60 (p=0.11)
	Chronically Homeless	1.4 (1.6)	
Case Management Services (n=236)	Not Homeless	0.4 (0.7)	0.65 (p=0.51)
	Chronically Homeless	0.3 (0.7)	
Transportation Services (n=205)	Not Homeless	0.5 (0.9)	0.31 (p=0.75)
	Chronically Homeless	0.6 (1.0)	
Residential Care and Housing Services (n=228)	Not Homeless	1.1 (1.3)	1.70 (p=0.09)
	Chronically Homeless	1.5 (1.7)	
Support Services (n=289)	Not Homeless	1.3 (1.6)	1.64 (p=0.10)
	Chronically Homeless	1.6 (1.8)	

¹ A gap in service is defined as services that are needed but did not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

I.4 Notable Findings

- Among the homeless, there was a surprising lack of awareness of residential care and housing services. No residential care and housing services were ranked among the top 10 for service awareness among the currently homeless, and only one residential care and housing service (transitional housing) was the sixth highest-ranked ranked residential care and housing service with respect to awareness among the chronically homeless.
- This trend was also evident in the services that the homeless expressed a need for with only transitional housing listed as a needed residential care and housing service (ninth ranked) among the chronically homeless.
- As previously reported by other populations, overall satisfaction with accessed services was high for both currently and chronically homeless persons.
- Despite the relatively low awareness and needs expressed for residential care and housing services, both currently (42.6%) and chronically (42.9%) homeless participants listed rental assistance as their largest gap in services.
- There was a statistical difference between the numbers of reported service gaps for both types of homeless groups when compared to non-homeless. In both cases homeless populations reported a larger number of service gaps.
- No real differences for either group were detected among individual service clusters except for the chronically homeless who had more service gaps in support services than other respondent groups.

J. Insurance Status

J.1 Uninsured

i. Overall Ranking of Service Awareness of the Uninsured:

There were 250 uninsured respondents in the LACHNA-Care survey, comprising 56.3% of the survey group. The top 10 services for which respondents were aware of are listed below in Table 83. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 12.8% to 89.6%. The average number of services that uninsured respondents were aware of was 19.1 (40.6%) and

the range was 0-47. Although not shown, the lowest-ranked service was rehabilitation, with only 12.8% of uninsured respondents stating that they were aware of this service.

Table 83: Overall Ranking of Service Awareness of LACHNA-Care Uninsured Participants (n=250)

Service Category	Rank	% Aware
Medical Outpatient	1	89.6
AIDS Drug Assistance Program (ADAP)	2	83.2
Psychosocial Case Management	3	83.2
Medical Transportation – Bus Passes	4	72.0
Oral Health Care	5	69.2
Mental Health, Psychiatry	6	67.6
Counseling and Testing in Care Settings	7	66.0
Nutrition Support – Food Bank	8	65.6
Medical Nutrition Therapy	9	62.8
Rental Assistance	10	58.4

ii. Overall Ranking of Service Needs of the Uninsured:

The top 10 services for which uninsured respondents reported any need are listed below in Table 84. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.2% to 94.0%. The average number of services that uninsured respondents needed was 11.4 (24.3%) and ranged from 0-47. Although not shown, the lowest-ranked services, both of which only 1.2% of uninsured persons stated that they needed in the past 12 months, included skilled nursing and child care.

Table 84: Overall Ranking of Service Needs of LACHNA-Care Uninsured Participants (n=250)

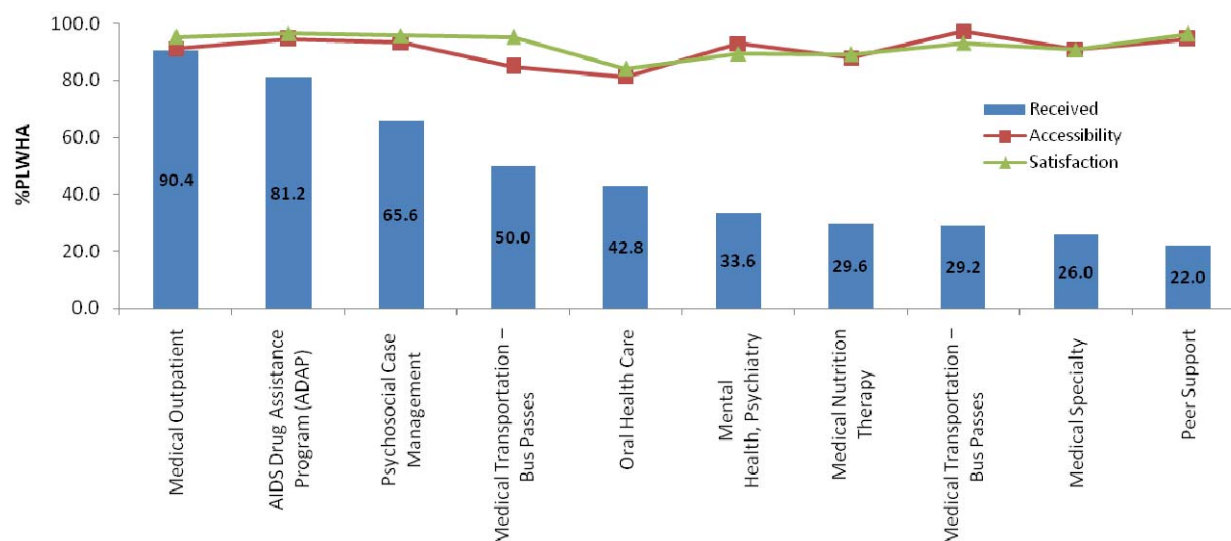
Service Category	Rank	% Need
Medical Outpatient	1	94.0
AIDS Drug Assistance Program (ADAP)	2	86.0
Oral Health Care	3	81.2
Psychosocial Case Management	4	79.2
Medical Transportation – Bus Passes	5	69.6
Nutrition Support – Food Bank	6	52.0
Medical Nutrition Therapy	7	50.0
Mental Health, Psychiatry	8	44.0
Rental Assistance	9	43.2
Medical Specialty	10	42.0

iii. Overall Ranking of Services Received by the Uninsured:

The top 10 services for which uninsured respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 27 below. Of the 47 individual service categories, the proportion of services that these respondents received ranged from 0.4% to 90.4%. The average number of services uninsured respondents received was 7.0 (14.9%) and ranged from 0-44. Although not shown, the lowest-ranked services, both of which only 0.4% of uninsured respondents stated they needed in the past 12 months, included hospice and child care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 27 below contains this information for the top 10 services received. Overall, 83.3% of the population stated that they had no problems accessing needed services. Satisfaction was high with 89.0% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 27: Top 10 Services Received by LACHNA-Care Uninsured Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=250)



iv. Service Gaps for the Uninsured:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for the uninsured in Table 85. Among uninsured survey respondents, 38.4% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining these services.

Table 85: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Uninsured Participants (n=250)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	38.4	20.8	16.9	57.1
Rental Assistance	2	32.0	27.8	25.0	44.4
Nutrition Support – Food Bank	3	22.8	NR	22.2	73.3
Short Term Rent, Mortgage, Utility Assistance	4	21.2	14.0	16.3	65.1
Medical Nutrition Therapy	5	20.4	NR	15.0	75.0
Medical Transportation – Bus Passes	6	19.6	16.3	NR	72.1
Housing Case Management	7	17.6	15.8	NR	71.1

Medical Specialty	8	16.0	26.9	26.9	42.3
Benefits Specialty	9	16.0	25.0	13.9	58.3
HIV LA Directory	10	15.2	NR	NR	83.3

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

J.2 Publicly Insured

i. Overall Ranking of Service Awareness of the Publicly Insured:

There were 172 respondents in the survey who received publicly-funded health insurance, comprising 38.7% of the survey group. The top 10 services for which publicly-insured respondents were aware of are listed below in Table 86. Of the 47 individual service categories, the proportion of publicly-funded participants who were aware of a service ranged from 23.8% to 90.1%. The average number of services that these respondents were aware of was 24.0 (51.1%), and the range was 0-47. Although not shown, the lowest-ranked service was substance abuse, treatment – methadone, with only 23.8% of publicly-insured respondents stating that they were aware of this service.

Table 86: Overall Ranking of Service Awareness of LACHNA-Care Publicly-Insured Participants (n=172)

Service Category	Rank	% Aware
Psychosocial Case Management	1	90.1
Medical Outpatient	2	89.0
Rental Assistance	3	79.7
Oral Health Care	4	79.1
Nutrition Support – Food Bank	5	79.1
Mental Health, Psychiatry	6	78.5
AIDS Drug Assistance Program (ADAP)	7	78.5
Medical Nutrition Therapy	8	73.8
Medical Transportation – Bus Passes	9	73.8
Counseling and Testing in Care Settings	10	73.3

ii. Overall Ranking of Service Needs of the Publicly Insured:

The top 10 services for which publicly-insured respondents reported any need are listed below in Table 87. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.2% to 94.8%. The average number of services that publicly-insured respondents needed was 11.4 (24.3%), and ranged from 2-36. Although not shown, the lowest-ranked services, both of which only 1.2% of publicly-insured respondents stated that they needed in the past 12 months, included transitional case management – youth and child care.

Table 87: Overall Ranking of Service Needs of LACHNA-Care Publicly-Insured Participants (n=172)

Service Category	Rank	% Need
Medical Outpatient	1	94.8
Oral Health Care	2	85.5

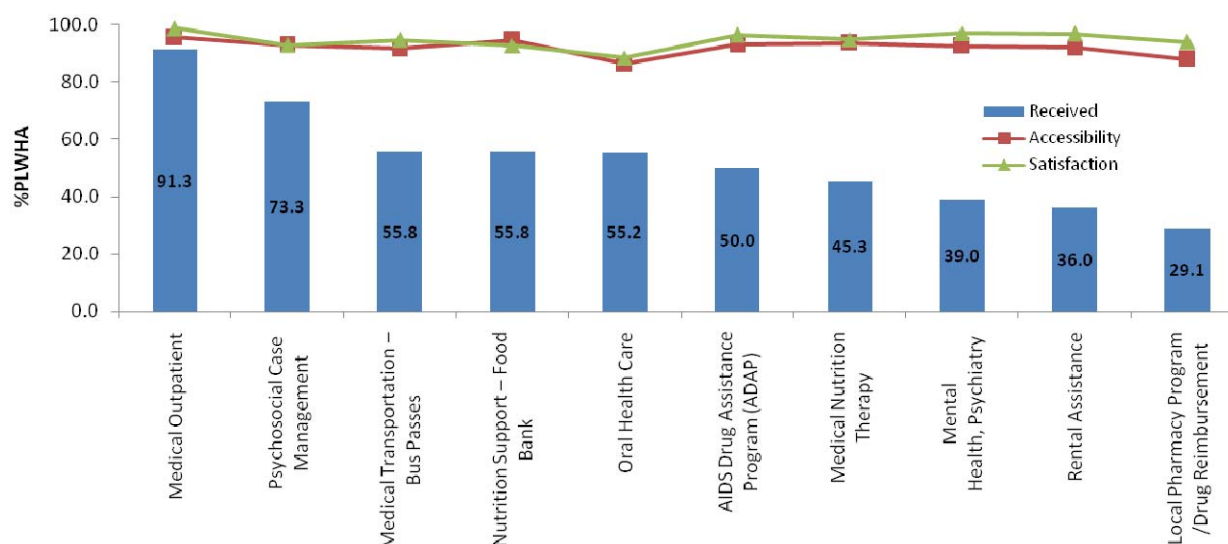
Psychosocial Case Management	3	80.2
Nutrition Support – Food Bank	4	71.5
Medical Transportation – Bus Passes	5	70.9
Medical Nutrition Therapy	6	62.2
AIDS Drug Assistance Program (ADAP)	7	57.6
Rental Assistance	8	57.6
Mental Health, Psychiatry	9	46.5
Local Pharmacy Program/Drug Reimbursement	10	39.0

iii. Overall Ranking of Services Received by the Publicly Insured:

The top 10 services for which publicly-insured respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 28 below. Of the 47 individual service categories, the proportion of publicly-insured respondents that received a service ranged from 0% to 91.3%. The average number of services that these respondents received was 8.0 (17.0%) and ranged from 0-35. Although not shown, the lowest-ranked service was child care, with no publicly-insured person stating that they received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 28 below contains this information for the top 10 services received. Overall, 92.8% of publicly-insured participants stated that they had no problems accessing needed services. Satisfaction was also high with 93.7% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 28: Top 10 Services Received by LACHNA-Care Publicly-Insured Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=172)



iv. Service Gaps for the Publicly Insured:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for publicly-insured respondents below in Table 88. Among publicly-insured respondents, 30.2% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available).

Table 88: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Publicly-Insured Participants (n=172)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	30.2	26.5	20.4	49.0
Rental Assistance	2	21.5	NR	44.4	36.1
Short Term Rent, Mortgage, Utility Assistance	3	18.6	NR	NR	66.7
Medical Nutrition Therapy	4	16.9	NR	NR	61.5
Medical Transportation – Taxi Vouchers	5	15.7	NR	NR	61.5
Nutrition Support – Food Bank	6	15.7	NR	19.2	65.4
Medical Transportation – Bus Passes	7	15.1	NR	NR	56.0
Peer Support	8	11.6	NR	NR	80.0
Housing Case Management	9	11.0	NR	26.3	42.1
Local Pharmacy Program/ Drug Reimbursement	10	9.9	NR	NR	56.3

¹ % gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

² May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³ Too much paperwork or red tape; or too many rules and regulations.

⁴ Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵ I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

J.3 Privately Insured

There were 13 respondents in the survey who reported receiving private health insurance, comprising only 2.9% of the survey group. Because this population is so small, no analysis has been performed as any interpretation would be misleading.

J.4 Analysis of Service Gaps by Insurance Status

Table 89 below details differences in the average number of HIV service gaps reported by insurance status. The table presents this analysis for all services and by service cluster. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected ($p=0.05$), with uninsured participants reporting more service gaps compared to those who have insurance.

Differences were also observed in the mean number of gaps for both residential care and housing and support services, but the actual differences were small.

Table 89: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Insurance Status

Service Cluster	Insurance Status	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=386)	Not Insured	4.3 (4.8)	2.01 (p=0.05)
	Insured	3.4 (3.9)	
Health-Related Services (n=351)	Not Insured	1.7 (1.6)	1.05 (p=0.29)
	Insured	1.6 (1.4)	
Case Management Services (n=136)	Not Insured	0.5 (0.8)	1.79 (p=0.07)
	Insured	0.3 (0.6)	
Transportation Services (n=107)	Not Insured	0.6 (0.9)	0.31 (p=0.76)
	Insured	0.5 (0.9)	
Residential Care and Housing Services (n=130)	Not Insured	1.5 (1.4)	3.29 (p<0.01)
	Insured	0.9 (1.3)	
Support Services (n=156)	Not Insured	1.5 (1.8)	2.78 (p<0.01)
	Insured	1.1 (1.4)	

¹ A gap in service is defined as services that are needed but did not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services, 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

J.5 Notable Findings

- A high proportion of uninsured participants were still able to obtain medical outpatient (90.4%), and reported high satisfaction and very few access issues.
- Among uninsured participants, as with many other groups in the survey population, many (38.4%) reported that they were unable to obtain oral health care, resulting in the highest-ranked service gap for this group.
- Among those who receive some form of public-insurance, oral health care were the highest ranked service gap (30.2%). It should be noted that a smaller proportion of insured compared to uninsured reported this gap (30.2% vs. 38.4%).
- There was a small difference detected between the numbers of reported service gaps between insured vs. uninsured participants, with uninsured participants reporting more service gaps on average than those who have insurance (4.3 vs. 3.4; p=0.05).
- Among specific service types, uninsured participants reported more service gaps in obtaining both residential care and housing and support services, but the actual differences are small.

K. Economic Status (Federal Poverty Guidelines)

K.1 Low Economic Status (LES)

i. Overall Ranking of Service Awareness of Participants with Low Economic Status (LES):

There were 289 respondents to the LACHNA-Care survey who are classified as having low economic status¹⁴ (herein known as LES), comprising 64.2% of the survey group. The top 10 services for which LES respondents were aware of are listed below in Table 90. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 17.6% to 89.3%. The average number of services that LES respondents were aware of was 21.1 (44.9%), and the range was 0-47. Although not shown, the lowest-ranked services, both of which only 17.6% of LES participants stated that they were aware of, included hospice and respite care.

Table 90: Overall Ranking of Service Awareness of LACHNA-Care LES Participants (n=289)

Service Category	Rank	% Aware
Medical Outpatient	1	89.3
Psychosocial Case Management	2	84.8
AIDS Drug Assistance Program (ADAP)	3	81.7
Medical Transportation – Bus Passes	4	75.8
Nutrition Support – Food Bank	5	71.3
Oral Health Care	6	70.6
Mental Health, Psychiatry	7	68.9
Counseling and Testing in Care Settings	8	66.8
Medical Nutrition Therapy	9	66.1
Rental Assistance	10	66.1

ii. Overall Ranking of Service Needs of Participants with Low Economic Status (LES):

The top 10 services for which LES respondents reported any need are listed below in Table 91. Of the 47 individual service categories, the proportion needing a service ranged from 2.4% to 93.8%. The average number of services that LES respondents needed was 11.8 (25.1%) and ranged from 0-47. Although not shown, the lowest-ranked services, both of which only 2.4% of LES persons stated they needed in the past 12 months, included hospice and respite care.

Table 91: Overall Ranking of Service Needs of LACHNA-Care LES Participants (n=289)

Service Category	Rank	% Need
Medical Outpatient	1	93.8
Oral Health Care	2	83.4
Psychosocial Case Management	3	81.7
Medical Transportation – Bus Passes	4	75.8
AIDS Drug Assistance Program (ADAP)	5	74.0
Nutrition Support – Food Bank	6	59.2
Medical Nutrition Therapy	7	55.4
Rental Assistance	8	54.0
Mental Health, Psychiatry	9	49.5
Medical Specialty	10	41.2

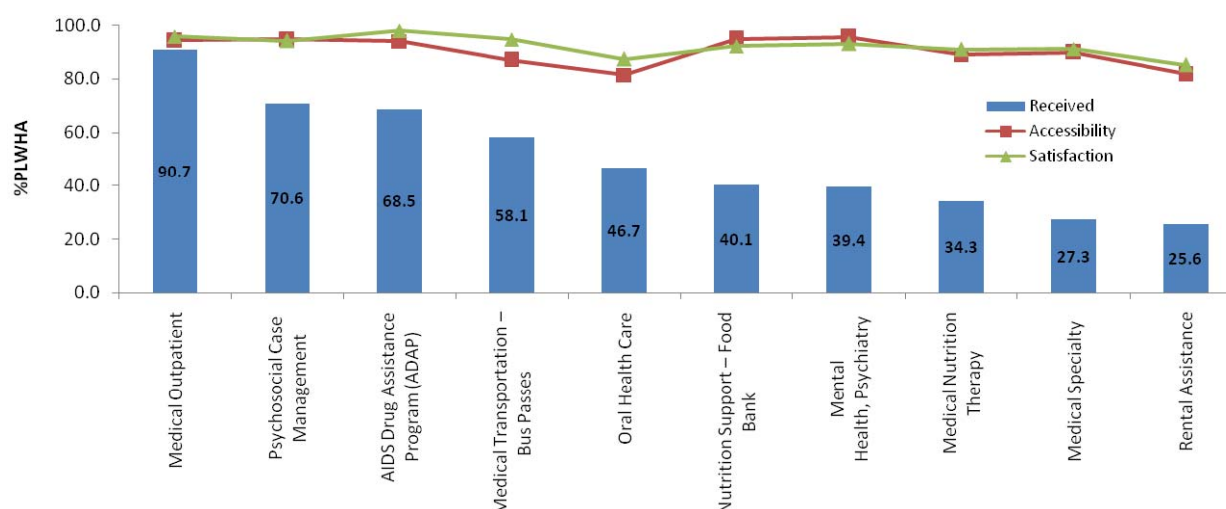
iii. Overall Ranking of Services Received by Participants with Low Economic Status (LES):

The top 10 services for which LES respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 29 below. Of the 47 individual service categories, the proportion of services

these respondents received ranged from 1.0% to 90.7%. The average number of services that LES respondents received was 7.8 (16.6%) and ranged from 0-44. Although not shown, the lowest-ranked service was hospice, with only 1.0% of LES participants stating that they needed the service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 29 below contains this information for the top 10 services received. Overall, 83.3% of LES respondents stated that they had no problems accessing needed services. Satisfaction was high with 89.0% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 29: Top 10 Services Received by LACHNA Care LES Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=289)



iv. Service Gaps of Participants with Low Economic Status (LES):

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for LES participants below in Table 92. Among LES respondents, 36.7% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) for obtaining services.

Table 92: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care LES Participants (n=289)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	36.7	20.5	19.3	54.6
Rental Assistance	2	28.4	26.7	32.0	38.7
Medical Nutrition Therapy	3	21.1	10.6	14.9	70.2
Short Term Rent, Mortgage, Utility Assistance	4	20.4	16.3	14.3	63.3

Nutrition Support – Food Bank	5	19.0	NR	25.0	65.9
Medical Transportation – Bus Passes	6	17.6	15.6	NR	71.1
Medical Transportation – Taxi Vouchers	7	14.9	NR	NR	72.5
Housing Case Management	8	14.9	15.8	15.8	63.2
Medical Specialty	9	13.8	32.0	20.0	44.0
Benefits Specialty	10	12.5	21.9	21.9	56.2

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

K.2 Medium Economic Status (MES)

i. Overall Ranking of Service Awareness of Participants with Medium Economic Status (MES):

There were 126 respondents in the LACHNA-Care survey who are classified as having medium economic status¹⁴ (herein known as MES), comprising 28.0% of the survey group. The top 10 services for which MES respondents were aware of are listed below in Table 93. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 19.0% to 89.7%. The average number of services that MES respondents were aware of was 21.8 (46.4%) and the range was 2-38. Although not shown, the lowest-ranked service was rehabilitation, with only 19.0% of MES respondents stating that they were aware of this service.

Table 93: Overall Ranking of Service Awareness of LACHNA-Care MES Participants (n=126)

Service Category	Rank	% Aware
Psychosocial Case Management	1	89.7
Medical Outpatient	2	88.1
AIDS Drug Assistance Program (ADAP)	3	81.0
Mental Health, Psychiatry	4	78.6
Oral Health Care	5	77.0
Counseling and Testing in Care Settings	6	71.4
Nutrition Support – Food Bank	7	71.4
Rental Assistance	8	70.6
Medical Nutrition Therapy	9	68.3
Medical Transportation – Bus Passes	10	68.3

ii. Overall Ranking of Service Needs of Participants with Medium Economic Status (MES):

The top 10 services for which MES respondents reported any need are listed below in Table 94. Of the 47 individual service categories, the proportion of these respondents needing a service ranged from 0.8% to 94.4%. The average number of services that MES respondents needed was 11.1 (23.6%) and ranged from 0-47. Although not shown, the lowest-ranked services, both of which only 0.8% of MES participants stated they needed in the past 12 months, included substance abuse, treatment – methadone and child care.

Table 94: Overall Ranking of Service Needs of LACHNA-Care MES Participants (n=126)

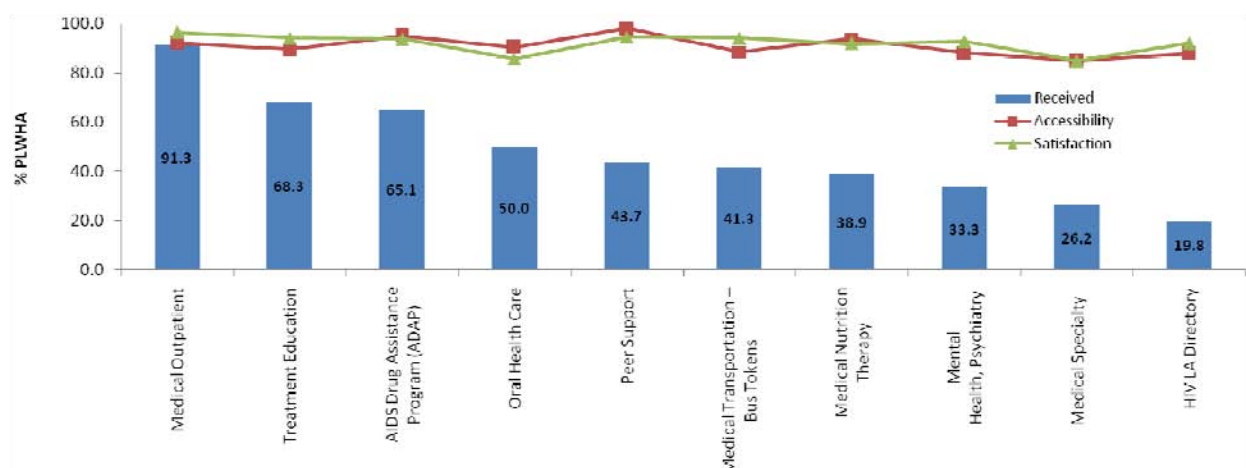
Service Category	Rank	% Need
Medical Outpatient	1	94.4
Oral Health Care	2	80.2
Psychosocial Case Management	3	75.4
AIDS Drug Assistance Program (ADAP)	4	73.8
Nutrition Support – Food Bank	5	64.3
Medical Transportation – Bus Passes	6	56.3
Medical Nutrition Therapy	7	53.2
Mental Health, Psychiatry	8	42.1
Rental Assistance	9	40.5
Medical Specialty	10	35.7

iii. Overall Ranking of Services Received by Participants with Medium Economic Status (MES):

The top 10 services for which MES respondents received in the past 12 months are listed in the blue bar graph in Figure 30 below. Of the 47 individual service categories, the proportion of services that these respondents received ranged from 0% to 91.3%. The average number of services MES respondents received was 7.0 (14.9%) and ranged from 0-35. Although not shown, the lowest-ranked services, both of which no MES respondents stated they needed in the past 12 months, included skilled nursing and child care.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 30 below contains this information for the top 10 services received. Overall, 83.3% of MES respondents stated that they had no problems accessing needed services. Satisfaction was high with 89.0% of respondents stating that they were satisfied with the services that they were receiving.

Figure 30: Top 10 Services Received by LACHNA-Care MES Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=126)



iv. Service Gaps Reported by Participants with Medium Economic Status (MES):

The top 10 services with the largest service gaps and barriers are listed for MES respondents below in Table 95. Among MES respondents, 30.2% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among MES participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 95: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care MES Participants (n=126)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	30.2	23.5	23.5	47.1
Rental Assistance	2	26.2	NR	29.0	48.1
Short Term Rent, Mortgage, Utility Assistance	3	21.4	NR	NR	68.0
Nutrition Support – Food Bank	4	20.6	NR	20.8	75.0
Local Pharmacy Program/ Drug Reimbursement	5	17.5	NR	NR	68.2
Health Insurance Premiums and Cost Sharing	6	15.9	NR	NR	75.0
Medical Transportation – Bus Passes	7	15.1	NR	NR	61.1
Medical Nutrition Therapy	8	14.3	NR	NR	70.6
Housing Case Management	9	14.3	NR	NR	47.1
Medical Transportation – Taxi Vouchers	10	14.3	NR	NR	72.2

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

K.3 High Economic Status

There were too few respondents in this category (n=27) to report any findings.

K.4 Analysis of Service Gaps by Socioeconomic Status

Table 96 below details differences in the average number of HIV service gaps reported by FPG status. The table presents this analysis for all services and by service cluster. Since there are only two comparison groups, results from t-tests are presented in the table below. As too few individuals were at a very high FPG, the sample was dichotomized into those at or below FPG and those above FPG for any subsequent analyses. Based on these results, the only significant finding detected by this economic indicator was in transportation services, but the actual difference detected was very slight.

Table 96: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Federal Poverty Guidelines (FPG)

Service Cluster	Federal Poverty Guidelines	Mean Number Service Gaps (SD)	t-value (p-value))
All HIV Services (n=395)	At/below FPG	3.8 (4.0)	0.09 (p=0.93)
	Above FPG	3.9 (4.7)	
Health-Related Services (n=345)	At/below FPG	1.2 (1.6)	0.04 (p=0.97)
	Above FPG	1.2 (1.5)	
Case Management Services (n=232)	At/below FPG	0.4 (0.7)	0.03 (p=0.91)
	Above FPG	0.4 (0.7)	
Transportation Services (n=201)	At/below FPG	0.7 (1.0)	2.33 (p=0.02)
	Above FPG	0.5 (0.8)	
Residential Care and Housing Services (n=223)	At/below FPG	1.1 (1.3)	1.77 (p=0.08)
	Above FPG	1.4 (1.4)	
Support Services (n=283)	At/below FPG	1.3 (1.6)	0.05 (p=0.62)
	Above FPG	1.4 (1.8)	

¹ A gap in service is defined as services that are needed but did not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

K.5 Notable Findings

- The majority of survey respondents (64.4%) are living at or below the federal poverty guideline (FPG).
- The services with the highest level of awareness (i.e., medical outpatient, psychosocial case management and ADAP) were almost identical by FPG level.
- Overall satisfaction with accessed services was also high for both groups, and few reported any problems accessing these services.
- Both groups reported the largest gaps in needed services were for oral health care and rental assistance, with a higher proportion of those at or below FPG reporting a gap in oral health care (36.7%) compared to those above FPG (30.2%).

III. Additional Special Populations Analyses

The Commission and DHSP have identified 14 special population groups that are described in the Background section, I.G. Analyses by service awareness, need, receipt, gaps and barriers were conducted for the majority of the special population groups above, however there are six additional special population groups who will be addressed in the following section. They include recently incarcerated persons, persons with symptoms of mental illness, injection drug users (IDU), persons with no recent (past 12 months) oral health care, persons with housing needs and other substance users.

A. Recently Incarcerated Individuals

A recently incarcerated person includes anyone reporting that they have been in jail or prison for longer than 24 hours at least once in the past 12 months.

A.1 Recently Incarcerated

i. Overall Ranking of Service Awareness of Recently Incarcerated:

There were 41 recently incarcerated respondents in the LACHNA-Care survey, comprising 9.1% of the survey group. The top 10 services for which recently incarcerated respondents were aware of are listed below in Table 97. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 21.9% to 93.8% for this population. The average number of services that recently incarcerated respondents were aware of was 22.5 (47.9%), and the range was 5-47. Although not shown, the lowest-ranked service was rehabilitation, with only 21.9% of recently incarcerated respondents stating that they were aware of this service.

Table 97: Overall Ranking of Service Awareness of LACHNA-Care Recently Incarcerated Participants (n=41)

Service Category	Rank	% Aware
Medical Outpatient	1	93.8
Mental Health, Psychiatry	2	93.8
AIDS Drug Assistance Program (ADAP)	3	93.8
Rental Assistance	4	93.8
Nutrition Support – Food Bank	5	90.6
Psychosocial Case Management	6	87.5
Medical Nutrition Therapy	7	84.4
Housing Case Management	8	84.4
Oral Health Care	9	81.3
Counseling and Testing in Care Settings	10	81.3

ii. Overall Ranking of Service Needs of Recently Incarcerated:

The top 10 services for which recently incarcerated respondents reported any need are listed below in Table 98. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.3% to 100%. The average number of services that recently incarcerated respondents needed was 15.9 (33.8%), and ranged from 4-44. Although not shown, the lowest-ranked services, all of which only 1.3% of recently incarcerated persons stated they needed in the past 12 months, included hospice, home-based case management, language/interpretation and child care.

Table 98: Overall Ranking of Service Needs of LACHNA-Care Recently Incarcerated Participants (n=41)

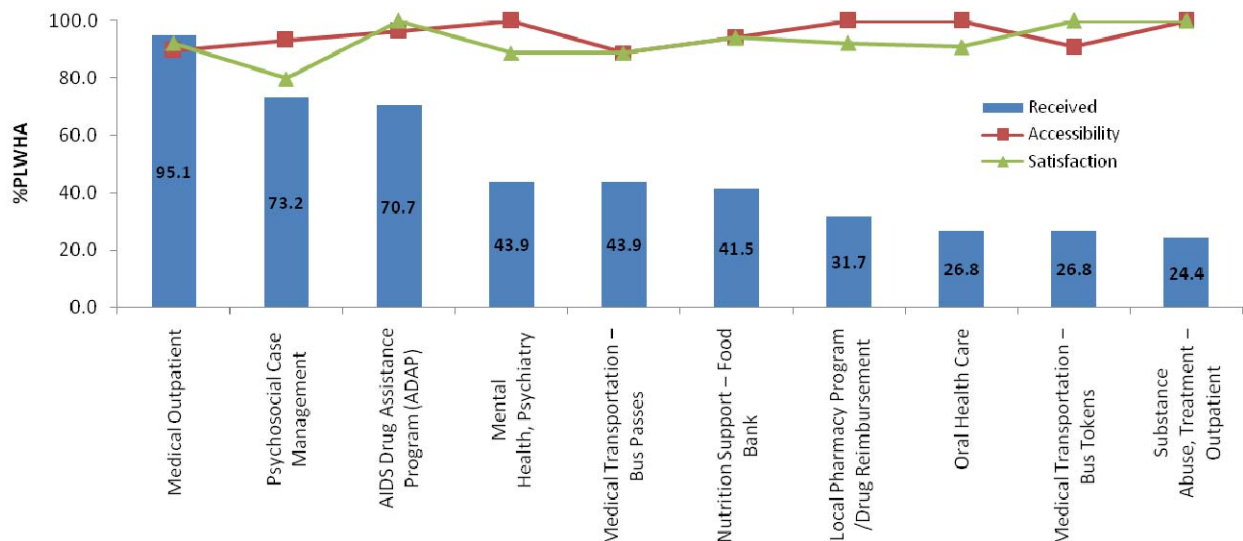
Service Category	Rank	% Need
Medical Outpatient	1	100.0
Oral Health Care	2	96.9
Psychosocial Case Management	3	90.6
Medical Transportation – Bus Passes	4	78.1
AIDS Drug Assistance Program (ADAP)	5	71.9
Nutrition Support – Food Bank	6	65.6
Medical Nutrition Therapy	7	53.1
Housing Case Management	8	53.1
Rental Assistance	9	53.1
Mental Health, Psychiatry	10	50.0

iii. Overall Ranking of Services Received by Recently Incarcerated:

The top 10 services for which recently incarcerated respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 31 below. Of the 47 individual service categories, the proportion of recently incarcerated respondents that received a service ranged from 0% to 100%. The average number of services received was 8.4 (17.9%), and ranged from 0-25. Although not shown, the lowest-ranked services, all of which no recently incarcerated person stated that they received in the past 12 months, included: hospice, home-based case management, language/interpretation, child care, skilled nursing, transitional residential care, residential care for the chronically ill and legal.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 31 below includes this information for the top 10 services received. Overall, 92.3% of the recently-incarcerated stated that they had no problems accessing needed services. Satisfaction was high with 91.8% of all respondents stating that they were satisfied with the services that they were receiving.

Figure 31: Top 10 Services Received by LACHNA-Care Recently Incarcerated Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=41)



iv. Service Gaps for Recently Incarcerated Persons:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed below in Table 99. Among recently-incarcerated survey respondents, 46.9% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, these participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available), but the sample size is small (n=41), making some of the data sparse and non-reportable.

Table 99: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Recently Incarcerated Participants (n=41)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	46.9	NR	NR	73.9
Rental Assistance	2	40.6	33.3	NR	38.9
Medical Transportation – Bus Passes	3	34.4	NR	NR	68.7
Medical Nutrition Therapy	4	28.1	NR	NR	83.4
Short Term Rent, Mortgage, Utility Assistance	5	28.1	NR	NR	53.3
Housing Case Management	6	25.0	NR	NR	66.6
Medical Transportation – Taxi Vouchers	7	25.0	NR	NR	76.9
Transitional Housing	8	21.9	NR	NR	NR
Nutrition Support – Food Bank	9	21.9	NR	NR	69.2
Treatment Education	10	18.8	NR	NR	NR

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

v. Analysis of Service Gaps by Incarceration Status

Table 100 below details differences in the average number of HIV service gaps reported by recently-incarcerated (past 12 months) status. The table presents this analysis for all services and for the service clusters. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected, with recently incarcerated respondents reporting almost twice as many service gaps compared to non-recently incarcerated persons (7.7 vs. 4.2; p<0.01). A similar relationship was observed among all service types (all comparisons p<0.05).

Table 100: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Incarceration Status

Service Cluster	Recently Incarcerated	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=401)	Yes	7.7 (6.1)	4.75 (p<0.01)
	No	4.2 (4.2)	
Health-Related Services (n=348)	Yes	2.3 (1.9)	2.11 (p=0.04)
	No	1.7 (1.7)	
Case Management Services (n=236)	Yes	1.4 (1.3)	5.20 (p<0.01)
	No	0.6 (0.7)	
Transportation Services (n=205)	Yes	1.4 (1.1)	2.85 (p<0.01)
	No	0.8 (0.9)	
Residential Care and Housing Services (n=228)	Yes	2.6 (1.7)	4.02 (p<0.01)
	No	1.4 (1.3)	
Support Services (n=289)	Yes	2.6 (2.1)	2.82 (p<0.01)
	No	1.7 (1.6)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

vi. Notable Findings

- Both awareness and need for services was consistently higher for recently incarcerated persons compared to other sub-groups; however, large proportions of recently incarcerated persons also reported difficulties in obtaining services.
- Almost half (46.9%) of recently incarcerated persons reported that they were unable to get needed oral health care, and 40% reported difficulties in obtaining rental assistance. This is the largest proportion of individuals reporting gaps for either of these services.
- Recently incarcerated individuals consistently reported having more unmet service needs compared to non-incarcerated populations. On average this population reported 7.7 service gaps compared to 4.2 for all other LACHNA-Care participants. This trend was repeated across all service types (all comparisons p<0.05).

B. Persons with Mental Health Issues

B.1 Persons with Mental Health Issues (MI)

i. Overall Ranking of Service Awareness of MI Respondents:

There were 173 (38.4%) respondents who reported having a mental health issue (MI). The top 10 services for which MI respondents were aware of are listed below in Table 101. Of the 47 individual service categories, the proportion of MI respondents aware of a service ranged from 22.0% to 88.4%. The average number of services that respondents were aware of was 23.4 (49.8%), and the range was 0-47.

Table 101: Overall Ranking of Service Awareness of LACHNA-Care MI Participants (n=173)

Service Category	Rank	% Aware
Medical Outpatient	1	88.4
Psychosocial Case Management	2	86.1
AIDS Drug Assistance Program (ADAP)	3	84.4
Mental Health, Psychiatry	4	83.8
Oral Health Care	5	79.8
Nutrition Support – Food Bank	6	75.1
Medical Transportation – Bus Passes	7	74.0
Counseling and Testing in Care Settings	8	73.4
Rental Assistance	9	73.4
Medical Nutrition Therapy	10	71.7

ii. Overall Ranking of Service Needs of MI Respondents:

The top 10 services for which MI respondents reported any need are listed below in Table 102. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 0% to 94.2%. The average number of services that MI respondents needed was 13.4 (28.5%), and ranged from 2-44. Although not shown, the lowest-ranked service was child care, with no MI respondents stating that they needed this service in the past 12 months.

Table 102: Overall Ranking of Service Needs of LACHNA-Care MI Participants (n=173)

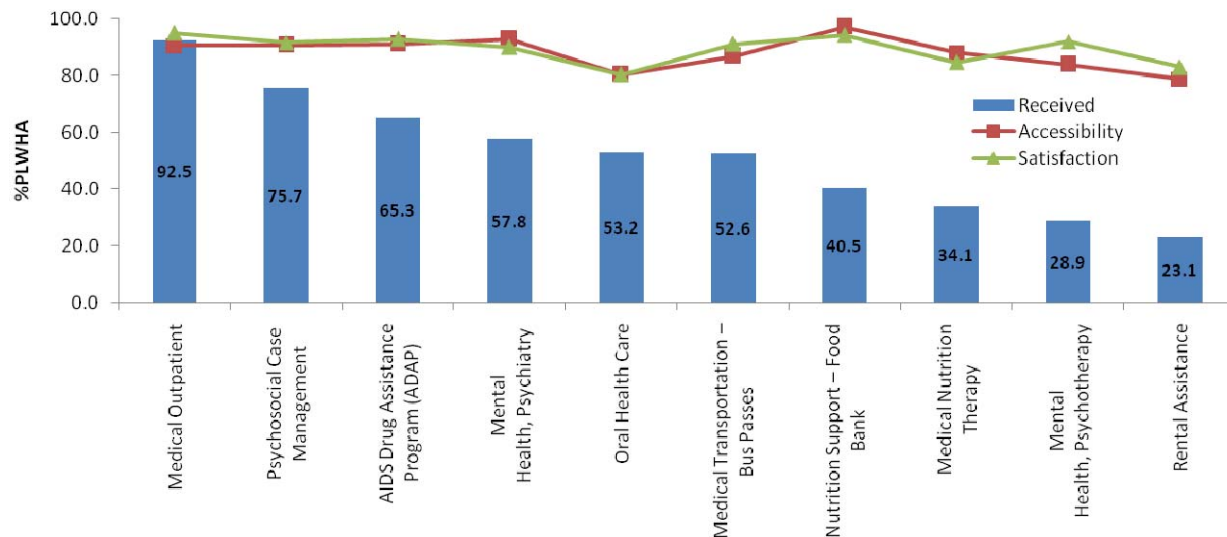
Service Category	Rank	% Need
Medical Outpatient	1	94.2
Oral Health Care	2	88.4
Psychosocial Case Management	3	83.8
AIDS Drug Assistance Program (ADAP)	4	74.0
Mental Health, Psychiatry	5	69.4
Medical Transportation – Bus Passes	6	69.4
Nutrition Support – Food Bank	7	64.7
Medical Nutrition Therapy	8	59.0
Rental Assistance	9	59.0
Mental Health, Psychotherapy	10	43.4

iii. Overall Ranking of Services Received by MI Respondents:

The top 10 services for which MI respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 32 below. Of the 47 individual service categories, the proportion of MI respondents that received a service ranged from 0% to 92.5%. The average number of services received was 8.3 (17.7%) and ranged from 0-35. Although not shown, the lowest-ranked service was again child care, with no MI persons stating that they received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 32 below contains this information for the top 10 services received. Overall, 88.2% of MI respondents stated that they had no problems accessing needed services. Satisfaction was also quite high with 84.4% of respondents stating that they were satisfied with the services that they were receiving.

Figure 32: Top 10 Services Received by LACHNA-Care MI Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=173)



iv. Service Gaps for MI Respondents:

The top 10 services with the largest service gaps and barriers are listed for MI participants below in Table 103. Among MI respondents, 35.8% reported that they needed rental assistance but were unable to obtain it, making it the largest service gap among these participants. Most MI participants who reported needing rental assistance noted that organizational barriers (i.e., service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; the organization provided the wrong referrals) were the main reason they were unable to obtain these services. With all other services listed in Table 103 below, individual barriers (i.e., not knowing where to go for this service or that it was available) were the most common overall obstacles to obtaining these services.

Table 103: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care MI Participants (n=173)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Rental Assistance	1	35.8	18.3	40.0	35.0
Oral Health Care	2	35.3	27.3	14.6	56.4
Short Term Rent, Mortgage, Utility Assistance	3	27.2	21.4	14.3	54.8
Medical Nutrition Therapy	4	24.9	NR	12.8	74.4
Nutrition Support – Food Bank	5	24.3	NR	24.3	73.0
Housing Case Management	6	19.1	18.8	18.8	59.4
Medical Transportation – Taxi Vouchers	7	19.1	NR	NR	71.9
Benefits Specialty	8	18.5	29.0	16.1	54.8
Local Pharmacy Program/ Drug Reimbursement	9	17.9	17.9	21.4	46.4

Health Insurance Premiums and Cost Sharing	10	16.8	17.9	NR	67.9
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¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

v. Analysis of Service Gaps by MI Status

Table 104 below details differences in the average number of HIV service gaps reported by mental health status. The table presents this analysis for all services and by service clusters. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected ($p<0.01$), with MI participants reporting more service gaps compared to those who were not classified as MI (5.5 vs. 3.9). This difference was also observed in the average number of gaps reported for health-related, residential care and housing and support services service clusters ($p<0.05$ for all groups).

Table 104: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Mental Health Status

Service Cluster	MI Participant	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=401)	Yes	5.5 (5.3)	3.39 (p<0.01)
	No	3.9 (3.9)	
Health-Related Services (n=351)	Yes	2.1 (1.9)	3.25 (p<0.01)
	No	1.5 (1.5)	
Case Management Services (n=236)	Yes	0.7 (0.9)	0.32 (p=0.75)
	No	0.6 (0.8)	
Transportation Services (n=205)	Yes	1.0 (1.1)	0.94 (p=0.35)
	No	0.9 (0.9)	
Residential Care and Housing Services (n=228)	Yes	1.8 (1.4)	2.12 (p=0.04)
	No	1.4 (1.4)	
Support Services (n=289)	Yes	2.1 (1.9)	2.45 (p=0.01)
	No	1.6 (1.5)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

vi. Notable Findings

- The top ranked services MI patients were aware of was fairly consistent with the study population in general, with most stating that they were aware that they could access medical outpatient services, ADAP and psychosocial case management.

- Mental health services (e.g., mental health, psychiatry) were the fourth most received service by this group, and no mental health services were ranked in the top 10 of service gaps, indicating that this population is able to successfully obtain the mental health support that they need.
- Unlike the study population in general, MI participants noted that rental assistance was the service that they had the most difficulty obtaining (35.8% reported a gap in care). Additionally, of those who reported that they could not obtain residential care and housing services, 40.0% noted that their main barrier was a structural barrier (e.g., too much paperwork or red tape; too many rules and regulations).
- MI participants reported a greater number of service gaps compared to those not reporting a recent diagnosis of a mental health condition (5.5 vs. 3.9; $p < 0.01$).
- Consistently MI participants reported more gaps in care across all service types. Significant differences ($p < 0.05$) were found for health-related, housing and support services, although some of the actual differences were small.

C. Sex Workers

Only 1.3% of the survey population ($n=6$) reported that they had engaged in any sort of exchange sex for money, drugs, food or shelter/transportation in the past 12 months. These numbers are too small for meaningful analyses.

D. Injection Drug Users (IDU)

D.1 IDU

A person was classified as an IDU if they reported injecting either amphetamines/methamphetamines, cocaine, or heroin in the past six months. Most IDU were White (59.4%) or Latino (21.9%), male (90.6%), not currently employed (87.4%), between 25-49 years old (65.6%), classified as MSM (82.8%), and classified as either currently (78.1%) or chronically (75.0%) homeless. The majority of IDU participants reported injecting crystal methamphetamines (90.6%), with lower proportions reporting injecting either heroin (12.5%) or cocaine (9.4%). These categories were not mutually exclusive with some individuals reporting injection of more than one substance. With respect to injection behaviors, 53.1% reported that they always used a clean needle while injecting drugs and stated that no one else used their needles after them (87.5%).

i. Overall Ranking of Service Awareness of IDU:

There were 32 IDU respondents in the LACHNA-Care survey, comprising 7.1% of the survey group. The top 10 services for which IDU respondents were aware of are listed below in Table 105. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 21.9% to 93.8%. The average number of services that IDU respondents were aware of was 30.6 (65.1%) and the range was 6-47. Although not shown, the lowest-ranked service was rehabilitation, with only 21.9% of IDUs stating that they were aware of this service.

Table 105: Overall Ranking of Service Awareness of LACHNA-Care IDU Participants (n=32)

Service Category	Rank	% Aware
Medical Outpatient	1	93.8
Mental Health, Psychiatry	2	93.8
AIDS Drug Assistance Program (ADAP)	3	93.8
Rental Assistance	4	93.8
Nutrition Support – Food Bank	5	90.6
Psychosocial Case Management	6	87.5
Medical Nutrition Therapy	7	84.4
Housing Case Management	8	84.4
Oral Health Care	9	81.3
Counseling and Testing in Care Settings	10	81.3

ii. Overall Ranking of Service Needs of IDU:

The top 10 services for which IDUs reported any need are listed below in Table 106. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 3.1% to 100.0%. The average number of services that IDU respondents needed was 14.7 (31.3%) and ranged from 5-44. Although not shown, the lowest-ranked services, all of which 3.1% of IDUs stated they needed in the past 12 months, included transitional residential care facility, hospice, home-based case management, language/interpretation and child care.

Table 106: Overall Ranking of Service Needs of LACHNA-Care IDU Participants (n=32)

Service Category	Rank	% Need
Medical Outpatient	1	100.0
Oral Health Care	2	96.9
Psychosocial Case Management	3	90.6
Medical Transportation – Bus Passes	4	78.1
AIDS Drug Assistance Program (ADAP)	5	71.9
Nutrition Support – Food Bank	6	65.6
Medical Nutrition Therapy	7	53.1
Housing Case Management	8	53.1
Rental Assistance	9	53.1
Mental Health, Psychiatry	10	50.0

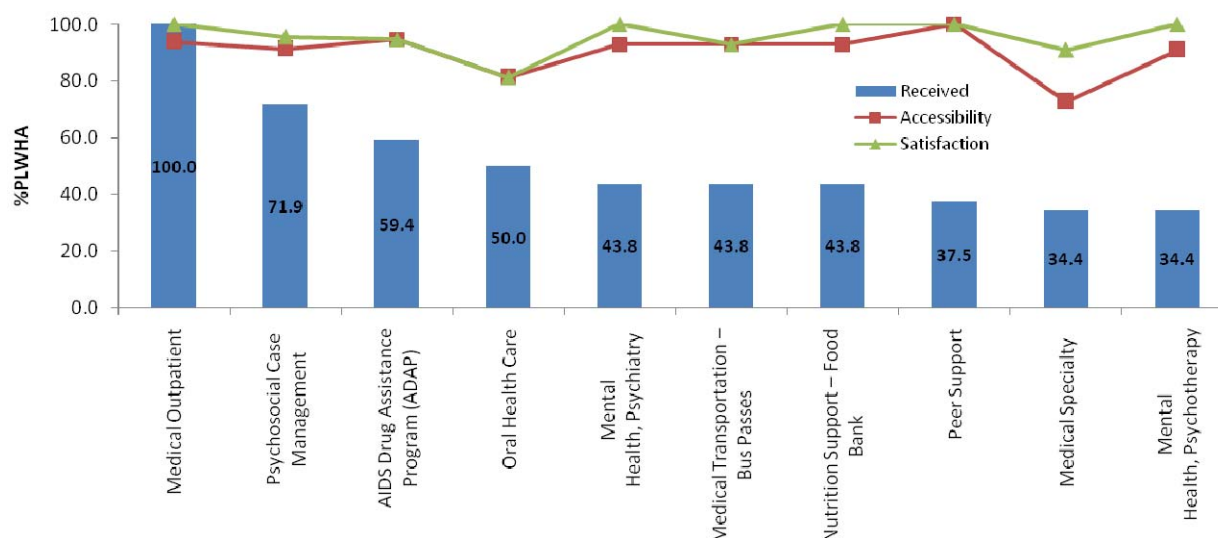
iii. Overall Ranking of Services Received by IDU:

The top 10 services for which IDU respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 33 below. Of the 47 individual service categories, the proportion of IDU respondents that received a service ranged from 0% to 100%. The average number of services received by IDU respondents was 8.6 (18.3%) and ranged from 3-19. Although not shown, the lowest-ranked services, all of which no IDUs stated they received in the past 12 months, included transitional residential care facility, hospice, home-based case management, language/interpretation, child care, skilled nursing, residential care facility for the chronically ill and legal.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 33 below contains this information for the top 10 services received.

Overall, 90.9% of IDUs stated that they had no problems accessing needed services. Satisfaction was high with 96.3% of IDUs stating that they were satisfied with the services that they were receiving.

Figure 33: Top 10 Services Received by LACHNA-Care IDU Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=32)



iv. Service Gaps for IDU:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for IDUs below in Table 107. Among IDU respondents, 46.9% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among IDU participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 107: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care IDU Participants (n=32)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	46.9	NR	NR	60.0
Rental Assistance	2	40.6	NR	NR	46.2
Medical Transportation – Bus Passes	3	34.4	NR	NR	63.6
Medical Nutrition Therapy	4	28.1	NR	NR	77.8
Short Term Rent, Mortgage, Utility Assistance	5	28.1	NR	NR	55.6
Housing Case Management	6	25.0	NR	NR	87.5
Medical Transportation – Taxi Vouchers	7	25.0	NR	NR	100.0
Transitional Housing	8	21.9	NR	NR	NR
Nutrition Support – Food Bank	9	21.9	NR	NR	71.4

Treatment Education	10	18.8	NR	NR	83.3
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¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

v. Analysis of Service Gaps for IDU

Table 108 below details differences in the average number of HIV service gaps reported by IDU behavior. The table presents this analysis for all services and by service clusters. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected, with IDU participants reporting almost twice as many service gaps. This difference was observed in the mean number of health-related service gaps, but unfortunately the limited number of IDU participants did not allow for comparisons among the other service types.

Table 108: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Recent IDU

Service Cluster	Recent IDU	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=401)	Yes	7.8 (6.6)	3.68 (p<0.01)
	No	4.3 (4.3)	
Health-Related Services (n=351)	Yes	2.6 (1.7)	2.34 (p=0.02)
	No	1.7 (1.7)	
Case Management Services (n=236)	Yes	1.3 (1.3)	NR ³
	No	0.6 (0.8)	
Transportation Services (n=205)	Yes	1.4 (1.2)	NR ³
	No	0.9 (0.9)	
Residential Care and Housing Services (n=228)	Yes	2.7 (2.1)	NR ³
	No	1.5 (1.3)	
Support Services (n=289)	Yes	2.7 (1.8)	NR ³
	No	1.7 (1.7)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services , 3 transportation services, 8 residential care and housing services and 14 support services.

³ Too Few (n<25) respondents for a valid comparison.

vi. Notable Findings

- The top-ranked services that IDU respondents were aware of and needed did not include any substance abuse services. Although not the top ranked, substance abuse services were ranked much higher than for other groups (second highest ranked service for awareness and tenth-ranked service for need).

- Although many of these participants are homeless, most (71.9%) are successfully accessing psychosocial case management.
- IDU patients listed oral health care (46.9%) and rental assistance (40.6%) as the services they had the most difficulty obtaining in the past 12 months.
- IDU participants reported more overall service gaps (7.8) compared to non-IDU participants (4.3, $p<0.01$). This trend was evident across all service types, but due to the small sample size too few IDU were receiving case management, transportation, residential care and housing or support services for a valid statistical comparison.

E. Disabled (Sight or Hearing)

Only 3.1% of the survey population (n=14) reported that they were legally blind or deaf. There were too few participants for meaningful analysis.

F. Persons Lacking Oral Health Care

F.1 Oral Health Care

There is great demand for oral health care among LACHNA-Care participants. Among LACHNA-Care respondents, 34.2% (n=206) listed oral health care as the most unmet service need, and all subpopulations studied listed oral health care as one of their top two service gaps. Of respondents, 53.7% (n=239) reported having at least one dental visit in the past 12 months, and reported an average of 3.2 visits (range 1-15). Additionally, of those who reported at least one dental visit in the past 12 months, 63.2% (n=134) received oral health care from a clinic run by an HIV/AIDS provider. Data are presented on these participants who reported no dental visits in the past 12 months.

i. Overall Ranking of Service Awareness of Persons Lacking Oral Health Care:

There were 206 respondents to the LACHNA-Care survey, comprising 46.3% of the survey group, who reported no recent (past 12 months) dental appointments. The top 10 services these respondents were aware of are listed below in Table 109. Of the 47 individual service categories, the proportion of respondents aware of services ranged from 17.5% to 90.8%. The average number of services that these respondents were aware of was 20.1 (42.8%), and the range was 0-47. Although not shown, the lowest-ranked service was respite care, with only 17.5% of these respondents stating that they were aware of this service.

Table 109: Overall Ranking of Service Awareness of LACHNA-Care Participants Lacking Oral Health Care (n=206)

Service Category	Rank	% Aware
Medical Outpatient	1	90.8
Psychosocial Case Management	2	84.5
AIDS Drug Assistance Program (ADAP)	3	81.1
Medical Transportation – Bus Passes	4	68.9
Mental Health, Psychiatry	5	68.0
Counseling and Testing in Care Settings	6	68.0
Nutrition Support – Food Bank	7	66.0
Medical Nutrition Therapy	8	63.1
Oral Health Care	9	61.7

Rental Assistance	10	61.2
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ii. Overall Ranking of Service Needs of Persons Lacking Oral Health Care:

The top 10 services for which persons with no oral health care reported any need are listed below in Table 110. Of the 47 individual service categories, the proportion of these respondents needing services ranged from 0.5% to 95.1%. The average number of services respondents with no oral health care needed was 11.4 (24.3%) and ranged from 2-36. Although not shown, the lowest-ranked service was child care, with only 0.5% of this population stating that they needed this service in the past 12 months.

Table 110: Overall Ranking of Service Needs of LACHNA-Care Participants Lacking Oral Health Care (n=206)

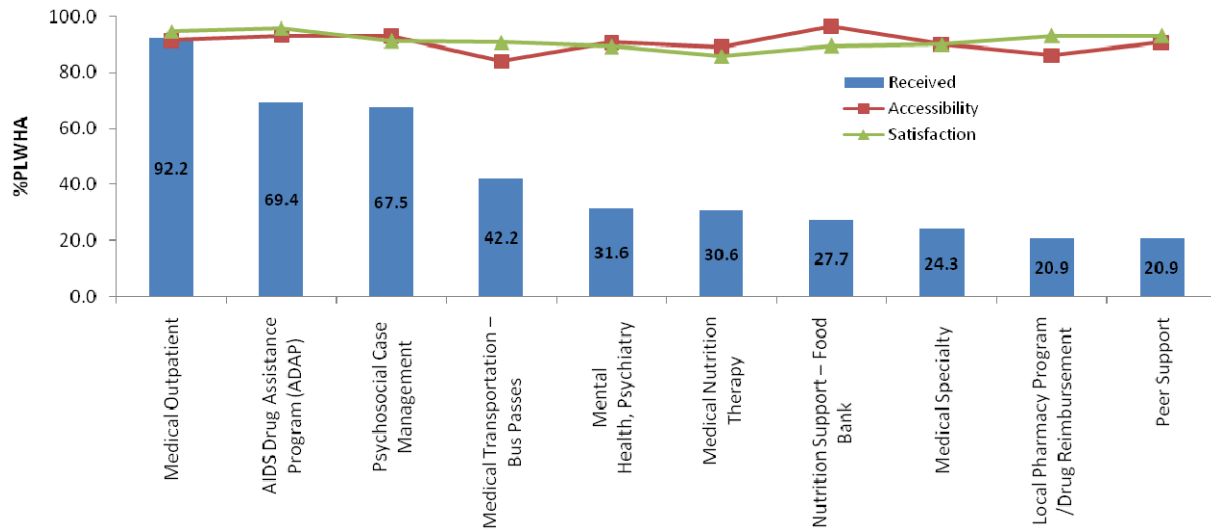
Service Category	Rank	% Need
Medical Outpatient	1	95.1
Psychosocial Case Management	2	82.0
Oral Health Care	3	78.6
AIDS Drug Assistance Program (ADAP)	4	78.2
Medical Transportation – Bus Passes	5	68.4
Nutrition Support – Food Bank	6	54.9
Medical Nutrition Therapy	7	51.9
Rental Assistance	8	47.1
Mental Health, Psychiatry	9	45.1
Medical Specialty	10	41.7

iii. Overall Ranking of Services Received by Persons Lacking Oral Health Care:

The top 10 services these respondents reported receiving in the past 12 months are listed in the blue bar graph in Figure 34 below. Of the 47 individual service categories, the proportion of these respondents receiving a service ranged from 0% to 92.2%. The average number of services received was 6.4 (13.6%) and ranged from 0-21. Although not shown, the lowest-ranked service was transitional residential care facility, which no respondents from this population stated that they received in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 34 below contains this information for the top 10 services received. Overall, 83.5% of this population stated that they had no problems accessing needed services. Satisfaction was relatively high with 84.5% of these respondents stating they were satisfied with the services they were receiving.

Figure 34: Top 10 Services Received by LACHNA-Care Participants Lacking Oral Health Care and Proportion Reporting Accessibility and Satisfaction for Each Service (n=206)



iv. Service Gaps of Persons Lacking Oral Health Care:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed below in Table 111. Among respondents lacking oral health care in the past 12 months, 61.2% reported that they needed this service (oral health care) but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining this service.

Table 111: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Participants Lacking Oral Health Care (n=206)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	61.2	20.8	19.8	53.8
Rental Assistance	2	31.1	21.7	26.7	50.0
Nutrition Support – Food Bank	3	27.2	NR	17.0	72.3
Medical Transportation – Bus Passes	4	26.2	18.8	12.5	66.7
Medical Nutrition Therapy	5	21.4	NR	NR	82.9
Short Term Rent, Mortgage, Utility Assistance	6	20.4	NR	13.9	77.8
Benefits Specialty	7	18.9	25.7	17.2	57.1
Medical Transportation – Taxi Vouchers	8	17.5	NR	NR	81.8
Medical Specialty	9	17.5	24.0	32.0	40.0
Housing Case Management	10	16.0	15.6	NR	75.0

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

v. Analysis of Service Gaps by Oral Health Care

Table 112 below details differences in the average number of HIV service gaps reported by individuals with no recent dental visits. The table includes data for service types and for service clusters. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected, with individuals who reported not having any recent (past 12 months) oral health care visits reporting more service gaps compared to those who received oral health care ($p<0.01$). This difference was also observed in the mean number of health-related, transportation, and social service gaps (all $p\leq 0.01$).

Table 112: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Recent Dental Visits

Service Cluster	Recent Dental Visit	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=396)	Yes	3.9 (4.3)	2.93 (p<0.01)
	No	5.2 (4.8)	
Health-Related Services (n=347)	Yes	1.5 (1.8)	2.54 (p=0.01)
	No	2.0 (1.6)	
Case Management Services (n=232)	Yes	0.6 (0.8)	1.33 (p=0.18)
	No	0.7 (0.9)	
Transportation Services (n=201)	Yes	0.7 (0.9)	2.85 (p<0.01)
	No	1.1 (1.0)	
Residential Care and Housing Services (n=225)	Yes	1.5 (1.5)	0.81 (p=0.42)
	No	1.6 (1.3)	
Support Services (n=286)	Yes	1.5 (1.4)	2.90 (p<0.01)
	No	2.1 (2.0)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services, 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

vi. Notable Findings

- Only 61.7% of respondents who stated that they had not had a recent dental visit stated that they were aware it was available to them (oral health care was ranked eighth among all services). This is much lower than the survey population in general where 72.7% reported being aware they could receive oral health care (ranked fourth overall).
- Despite the lower ranking of awareness, oral health care was listed as the third most needed service (78.2%), with only medical outpatient and case management ranked higher.

- For this population, oral health care was not listed as one of the top 10 services received, which is not surprising as it was listed as the largest service gap with 61.2% reporting they were unable to obtain oral health care in the past 12 months even though they needed it.
- Participants with no recent oral health care visits also experienced more gaps in services overall (5.2) compared to participants who had a recent dental visit (3.9, $p<0.01$). This trend continued with all service types listed above, and reached statistical significance with health-related, transportation and support services.

G: Persons with Residential Care and Housing Service Needs

There is a large demand for residential care and housing services among LACHNA-Care participants. A total of eight residential care and housing services were highlighted in this survey. Most survey participants (80.4%; $n=362$) expressed awareness of at least one of these services, and on average was aware of 3.2 of these services. Fewer participants expressed a need for residential care and housing services (64.9%, $n=292$, average=1.3, range: 0-8), or received residential care and housing services (37.8%, $n=170$, average=0.4, range: 0-8). No real differences were found in the demographics of respondents who reported needing residential care and housing services to the overall study group.

G.1 Persons with Residential Care and Housing Needs

i. Overall Ranking of Service Awareness of Persons with Residential Care and Housing Needs:

There were 292 respondents, comprising 64.9% of the survey sample who reported a need for residential care and housing services in the past 12 months. The top 10 services for which these respondents were aware of are listed below in Table 113. Of the 47 individual service categories, the proportion of these respondents aware of a service ranged from 19.9% to 88.6%. The average number of services that respondents with housing needs were aware of was 22.6 (48.1%), and the range of number of services aware of was 0-47. Although not shown, the lowest ranked service was hospice, with only 19.9% of persons with residential care and housing needs stating that they were aware of this service.

Table 113: Overall Ranking of Service Awareness of LACHNA-Care Participants Reporting a Need for Residential Care and Housing Services ($n=292$)

Service Category	Rank	% Aware
Medical Outpatient	1	88.7
Psychosocial Case Management	2	86.3
AIDS Drug Assistance Program (ADAP)	3	81.8
Mental Health, Psychiatry	4	76.4
Medical Transportation – Bus Passes	5	75.3
Oral Health Care	6	74.7
Rental Assistance	7	74.7
Nutrition Support – Food Bank	8	73.6
Medical Nutrition Therapy	9	70.5
Counseling and Testing in Care Settings	10	69.9

ii. Overall Ranking of Service Needs of Persons with Residential Care and Housing Needs:

The top 10 services among persons needing residential care and housing services are listed below in Table 114. Of the 47 individual service categories, the proportion of respondents needing a service ranged from 1.7% to 94.5%. The average number of services that these respondents needed was 13.8 (29.4%) and ranged from 4-47. Although not shown, the lowest-ranked service was child care, with only 1.7% of this population stating that they needed this service in the past 12 months.

Table 114: Overall Ranking of Service Needs of LACHNA-Care Participants Reporting a Need for Residential Care and Housing Services (n=292)

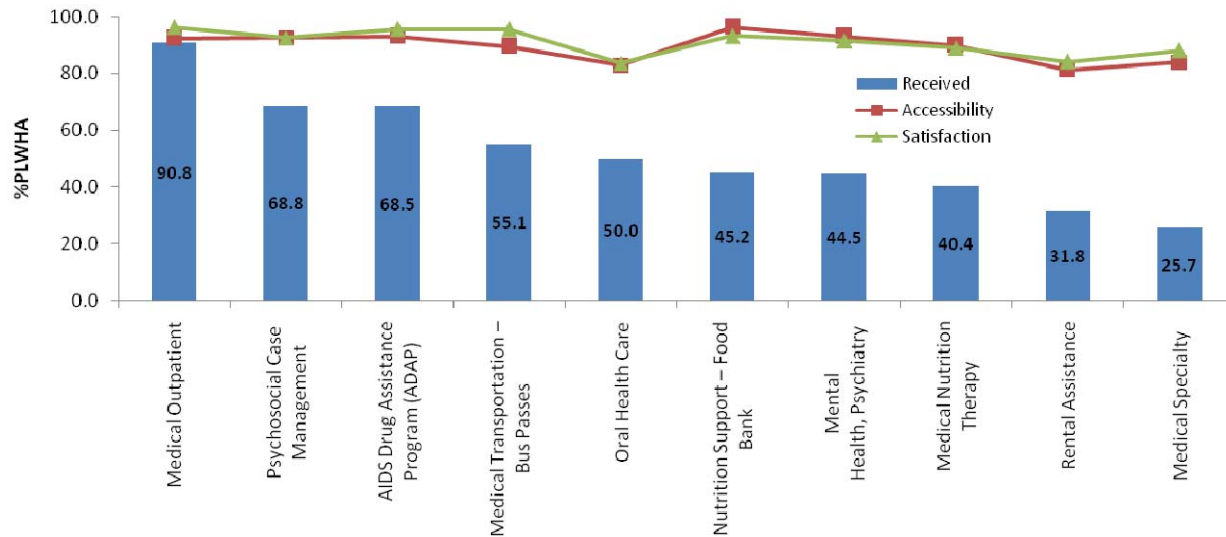
Service Category	Rank	% Need
Medical Outpatient	1	94.5
Oral Health Care	2	87.0
Psychosocial Case Management	3	82.2
Medical Transportation – Bus Passes	4	77.1
Rental Assistance	5	75.0
AIDS Drug Assistance Program (ADAP)	6	74.3
Nutrition Support – Food Bank	7	69.2
Medical Nutrition Therapy	8	62.3
Mental Health, Psychiatry	9	54.8
Housing Case Management	10	45.5

iii. Overall Ranking of Services Received by Persons with Residential Care and Housing Needs:

The top 10 services respondents reporting a need for residential care and housing services received in the past 12 months are listed in the bar graph in Figure 35 below. Of the 47 individual service categories, the proportion of these respondents that received a service ranged from 0.7% to 90.8%. The average number of services received was 8.5 (18.1%), and ranged from 0-44. Although not shown, the lowest-ranked service was child care, and only 0.7% of this population stated they received this service in the past 12 months.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 35 below provides information for the top 10 services received. Overall, 88.8% of the population stated that they had no problems accessing needed services. Satisfaction was relatively high with 89.8% of these respondents stating that they were satisfied with the services that they were receiving.

Figure 35: Top 10 Services Received by LACHNA-Care Participants who Needed Residential Care and Housing Services and Proportion Reporting Accessibility and Satisfaction for Each Service (n=292)



iv. Service Gaps of Persons with Residential Care and Housing Needs:

Service gaps are the absolute difference between the percent of respondents reporting any need for a service and the percent of respondents who received that service. The top 10 services with the largest service gaps and barriers are listed for persons with residential care and housing needs below in Table 115. Among survey respondents who reported needing residential care and housing services, 43.2% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining services.

Table 115: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Participants Reporting a Need for Residential Care and Housing Services (n=292)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Rental Assistance	1	43.2	20.5	30.8	42.7
Oral Health Care	2	37.0	24.2	20.0	50.5
Short Term Rent, Mortgage, Utility Assistance	3	30.8	12.8	12.8	65.4
Nutrition Support – Food Bank	4	24.0	NR	26.7	66.7
Medical Nutrition Therapy	5	21.9	9.1	14.6	69.1
Medical Transportation – Bus Passes	6	21.9	15.0	11.7	68.3
Housing Case Management	7	20.9	14.6	14.6	63.6
Medical Transportation – Taxi Vouchers	8	18.8	NR	11.3	75.5
Benefits Specialty	9	15.4	25.0	15.9	59.1
Permanent Supportive Housing	10	14.7	17.1	19.5	58.5

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know who to ask for help.

NR=<5 respondents, too few to report

v. Analysis of Service Gaps by Residential Care and Housing Needs

Table 116 below includes differences in the average number of HIV service gaps reported by residential care and housing needs. The table presents this analysis for individual services and service clusters. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected with individuals who reported residential care and housing needs in the past 12 months with significantly more overall service gaps than people without residential care and housing needs ($p<0.01$). This difference was also observed in the mean health-related, case management, transportation, and support services gaps (all $p\leq 0.01$).

Table 116: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Housing Service Needs

Service Cluster	Housing Needs	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=449)	Yes	5.1 (4.9)	8.1 (p<0.01)
	No	1.8 (2.2)	
Health-Related Services (n=448)	Yes	1.4 (1.7)	4.0 (p<0.01)
	No	0.9 (1.1)	
Case Management Services (n=387)	Yes	0.5 (0.8)	4.6 (p<0.01)
	No	0.2 (0.5)	
Transportation Services (n=340)	Yes	0.7 (0.9)	3.2 (p<0.01)
	No	0.3 (0.6)	
Residential Care and Housing Services (n=292)	Yes	-	-
	No	-	
Support Services (n=282)	Yes	1.6 (1.8)	4.0 (<0.01)
	No	0.9 (1.2)	

¹ A gap in service is defined as services that are needed but did not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services , 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

vi. Notable Findings

- Although this group all expressed a need for residential care and housing services, only rental assistance was ranked among the top 10 services with respect to awareness.
- Despite reporting low awareness for residential care and housing services compared to other services, both rental assistance and housing case management were ranked among the top 10 needed services.

- The largest service gap reported by this group was for rental assistance, where 43.2% reported having difficulty obtaining this service.
- Persons who reported a need for residential care and housing services reported many more gaps in services overall compared to those who did not report any residential care and housing needs (5.1 vs. 1.8, $p<0.01$). This trend was evident across all other service types (except residential care and housing services; $p<0.01$).

H. Substance Users

A total of 185 LACHNA-Care participants (41.1%) were classified as a substance user. Substance users were identified if they reported any illicit substance use (cocaine/crack, amphetamines, heroin, non-prescription drugs, hallucinations, poppers, marijuana) in the past six months, or binge drinking behavior in the past 30 days. Among substance users, 52.4% ($n=97$) reported abusing drugs only, 22.2% ($n=41$) reported abusing alcohol only, and 25.4% ($n=47$) reported both illicit substance use and binge drinking behaviors. This group includes all IDU users. A majority of these survey participants were male (86.8%), 40 years or older (63.2%), either White (37.5%) or Latino (34.0%), self identified as homosexual or gay (61.8%), unemployed [(i.e., report being either unemployed or a homemaker/disabled/student (71.5%)), and had no health insurance (57.3%)].

H.1 Substance Users

i. Overall Ranking of Service Awareness of Substance Users:

There were 185 substance abusers in the LACHNA-Care survey (41.1% of study sample). The top 10 services for which substance using respondents were aware of are listed below in Table 117. Of the 47 individual service categories, the proportion of respondents aware of a service ranged from 20.5% to 88.6%. The average number of services that substance using respondents were aware of was 22.4 (47.7%), and the range of number of services aware of was 0-47. Although not shown, the lowest-ranked service was rehabilitation, with only 20.5% of substance users stating that they were aware of this service.

Table 117: Overall Ranking of Service Awareness of LACHNA-Care Substance Using Participants (n=185)

Service Category	Rank	% Aware
Psychosocial Case Management	1	88.6
Medical Outpatient	2	87.6
AIDS Drug Assistance Program (ADAP)	3	84.9
Mental Health, Psychiatry	4	78.4
Counseling and Testing in Care Settings	5	74.6
Oral Health Care	6	73.5
Nutrition Support – Food Bank	7	71.9
Medical Transportation – Bus Passes	8	71.4
Rental Assistance	9	69.7
Medical Nutrition Therapy	10	67.0

ii. Overall Ranking of Service Needs of Substance Users:

The top 10 services for which substance users reported any need are listed below in Table 118. Of the 47 individual service categories, the proportion needing a service ranged from 1.1% to 93.5%. The average number of services these respondents needed was 12.1 (25.7%), and ranged from 0-47. Although not shown, the lowest-ranked service was child care, with only 1.1% of this population stating need for this service in the past 12 months.

Table 118: Overall Ranking of Service Needs of LACHNA-Care Substance Using Participants (n=185)

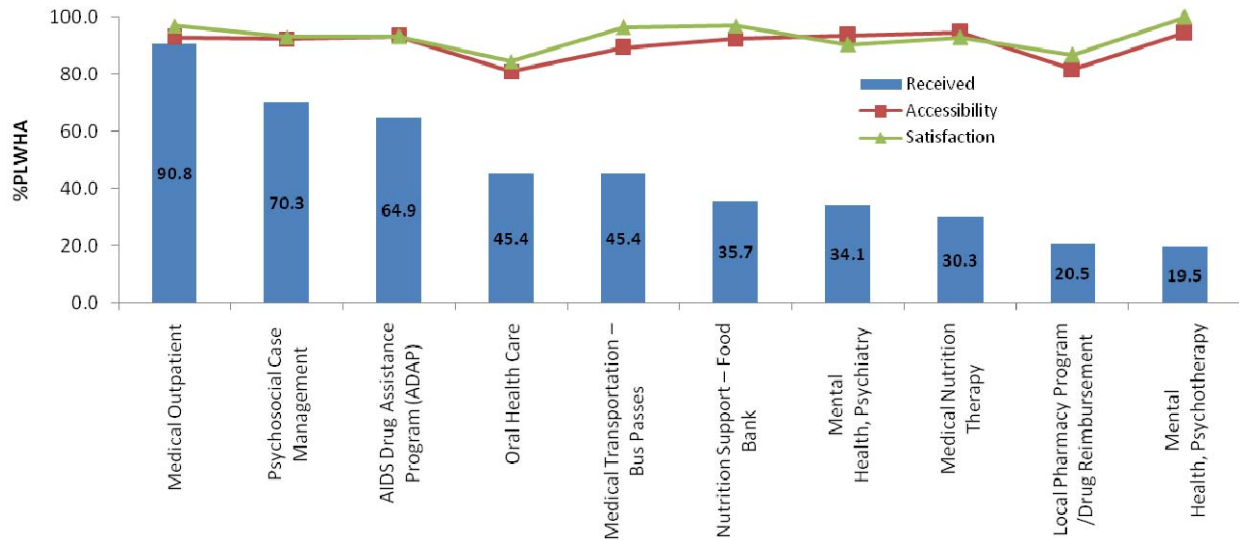
Service Category	Rank	% Need
Medical Outpatient	1	93.5
Oral Health Care	2	85.9
Psychosocial Case Management	3	81.6
AIDS Drug Assistance Program (ADAP)	4	73.0
Medical Transportation – Bus Passes	5	70.3
Nutrition Support – Food Bank	6	63.2
Medical Nutrition Therapy	7	51.4
Rental Assistance	8	49.7
Mental Health, Psychiatry	9	45.4
Medical Specialty	10	34.1

iii. Overall Ranking of Services Received by Substance Users:

The top 10 services for which substance users reported receiving in the past 12 months are listed in the bar graph in Figure 36 below. Of the 47 individual service categories, the proportion of these respondents receiving services ranged from 0% to 92.2%. The average number of services received was 6.4 (13.6%), and ranged from 0-21.

For each service received, participants were asked if they had any problems with access in the past 12 months (line graph with red boxes), and if they were satisfied with the care that they received (line graph with green triangles). Figure 36 below contains this information for the top 10 services received. Overall, 83.5% of the population stated that they had no problems accessing needed services. Satisfaction was relatively high with 84.5% of respondents stating that they were satisfied with the services that they were receiving.

Figure 36: Top 10 Services Received by LACHNA-Care Substance Using Participants and Proportion Reporting Accessibility and Satisfaction for Each Service (n=185)



iv. Service Gaps for Substance Users:

The top 10 services with the largest service gaps and barriers are listed for substance users below in Table 119. Among substance abusers, 40.5% reported that they needed oral health care but were unable to obtain it, making it the largest service gap among these participants. Additionally, participants mostly reported individual barriers (i.e., not knowing where to go for this service or that it was available) to obtaining services.

Table 119: Overall Ranking of Service Gaps and Barriers to Services, Reported by LACHNA-Care Substance Using Participants (n=185)

Service Category	Rank	% Gap ¹	Barrier Types ²		
			Structural ³	Organizational ⁴	Individual ⁵
Oral Health Care	1	40.5	17.7	13.3	64.7
Rental Assistance	2	32.4	17.2	25.9	51.7
Nutrition Support – Food Bank	3	27.6	NR	27.3	70.6
Medical Transportation – Bus Passes	4	24.9	18.2	NR	65.9
Short Term Rent, Mortgage, Utility Assistance	5	21.6	NR	NR	78.4
Medical Nutrition Therapy	6	21.1	NR	NR	82.9
Housing Case Management	7	17.3	NR	NR	75.0
Medical Specialty	8	15.1	25.0	25.0	45.0
Health Insurance Premiums and Cost Sharing	9	14.6	NR	NR	80.8
Mental Health, Psychotherapy	10	14.1	NR	NR	69.6

¹% gap is the proportion who stated they needed a particular service minus the proportion who stated they received it.

²May not add up to 100% due to small proportion of barriers that do not fit into these categories.

³Too much paperwork or red tape; or too many rules and regulations.

⁴Service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals.

⁵I was not aware that a service or treatment was available to me; I was not aware of the location of service(s); or I did not know

v. Analysis of Service Gaps by Substance Users

Table 120 below includes a comparison in the average number of HIV service gaps by substance use. The table presents this analysis for all services and service clusters. Since there are only two comparison groups, results from t-tests are presented in the table below. Based on these results, significant differences in the mean number of service gaps for all HIV services were detected, with substance users reporting more service gaps compared to non-substance users. This difference was also observed in the mean number of health-related and support services gaps (all $p<0.05$).

Table 120: Comparison of the Mean Number of Gaps¹ for All Services and by Service Cluster², by Substance Users

Service Cluster	Substance Users	Mean Number Service Gaps (SD)	t-value (p-value)
All HIV Services (n=401)	Yes	5.3 (5.2)	2.87 (p<0.01)
	No	4.0 (4.0)	
Health-Related Services (n=347)	Yes	2.0 (1.8)	2.33 (p=0.02)
	No	1.6 (1.6)	
Case Management Services (n=236)	Yes	0.6 (0.9)	0.38 (p=0.70)
	No	0.7 (0.8)	
Transportation Services (n=205)	Yes	1.0 (1.1)	1.16 (p=0.25)
	No	0.8 (0.9)	
Residential Care and Housing Services (n=228)	Yes	1.7 (1.6)	1.35 (p=0.18)
	No	1.4 (1.2)	
Support Services (n=289)	Yes	2.0 (1.9)	2.14 (p=0.03)
	No	1.6 (1.5)	

¹ A gap in service is defined as services that are needed but not received.

² Of the 47 service categories listed in Table 4 (pg.13) there are: 16 health-related services, 6 case management services, 3 transportation services, 8 residential care and housing services and 14 support services.

vi. Notable Findings

- As noted with the IDU group earlier, this cohort of substance users did not rank any of the substance abuse services in the top 10 that they were aware of, expressed a need for or received in the past 12 months.
- As reported by many other groups, oral health care (40.5%) and rental assistance (32.4%) were the top two services these respondents stated they needed but were unable to get.
- Substance users reported a greater number of overall service gaps (5.3) compared to non-substance users in the survey (4.0; $p<0.01$).
- This trend was consistent for support services, residential care and housing services, and health-related services.

IV: Further Analysis

A. Predictors of Overall Service Gaps

A logistic regression analysis was conducted to identify predictors of gaps in care for the entire study group and for each racial/ethnic group separately (White, African American, Latino). The category for race representing those who identified as either Asian/Pacific Islander, American Indian/Alaskan Native, Mixed Race (known as other), had too few participants (n=30) for meaningful analysis. The outcome or dependent variable for the following logistic regression models was the presence or absence of at least one gap in service.

Table 121: Logistic Regression Models of Factors Associated with Gaps in Service Needs of LACHNA-Care Participants

Factor	White (n=91) OR ¹ (95% CL)	African American (n=105) OR ¹ (95% CL)	Latino (n=208) OR ¹ (95% CL)	Study Population (n=434) ² OR ¹ (95% CL)
Race/ethnicity				
Non-White	--	--	--	0.8 (0.4-1.6)
White	--	--	--	Referent
Age				
≤40	0.4 (0.1-1.3)	1.0 (0.3-3.0)	1.2 (0.5-2.6)	1.0 (0.6-1.7)
>40	Referent	Referent	--	Referent
Employed				
Unemployed	1.2 (0.1-14.0)	NR	1.5 (0.5-4.0)	1.4 (0.6-3.1)
Employed	Referent	Referent	Referent	Referent
FPG ³				
At or below FPG	0.6 (0.2-2.2)	0.3 (0.1-1.0)	3.0 (1.4-6.7)⁴	1.2 (0.7-2.0)
Above FPG	Referent	Referent	Referent	Referent
Incarcerated				
Recently	4.8 (0.5-46.6)	NR	NR	7.7 (1.0-58.3)
Not recently	Referent	Referent	Referent	Referent
MSM				
MSM	0.2 (0.03-2.0)	0.4 (0.1-1.3)	1.0 (0.4-2.1)	0.6 (0.4-1.6)
Not MSM	Referent	Referent	Referent	Referent
Homelessness				
Current	0.4 (0.1-1.3)	7.2 (0.9-60.6)	NR	3.7 (1.1-12.4)
Not Homeless	Referent	Referent	Referent	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²Missing data for 16 participants

³FPG=Federal Poverty Guidelines

⁴p<0.05

NR=not enough values in cells for a valid comparison

Notable Findings

- As shown in Table 121, while controlling for race/ethnicity, age, employment status, federal poverty level, recent incarceration status, MSM status and current homelessness, there were few predictors of service gaps. The only exception was that currently homeless respondents had almost four times more likely to report a service gap (OR=3.7; 95% CI: 1.1-12.4).
- Among Latinos, persons with incomes at or below federal poverty guidelines were three times more likely to report at least one service gap (OR=3.0; 95% CI: 1.4-6.7).

B. Predictors of Gaps in Health-Related Services

Table 122: Logistic Regression Models for Factors Associated with Gaps in Health-Related Services (n=412)

Factor	Study Population OR ¹ (95% CL)
Incarcerated	
Recently	1.9 (0.8-4.6)
Not recently	Referent
Insured	
Uninsured	1.3 (0.9-2.1)
Insured	Referent
FPG ²	
At or below FPG	1.2 (0.8-1.9)
Above FPG	Referent
Substance Use ³	
Recent	1.9 (1.2-3.0)⁵
Not recent	Referent
Residency Status	
Undocumented	0.9 (0.5-1.6)
Legal Resident ⁴	Referent
Travel Time to Drs office	
<1hr	1.2 (0.8-2.0)
>1hr	Referent
Employed	
Unemployed	0.7 (0.3-1.4)
Employed	Referent
Race/ethnicity	
Non-White	0.9 (0.5-1.5)
White	Referent
Age	
≤40	0.8 (0.5-1.2)
>40	Referent
Homeless	
Current	1.3 (0.7-2.6)
Not Homeless	Referent
MSM	
MSM	0.6 (0.4-1.0)
Not MSM	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²FPG=Federal Poverty Guidelines

³Includes illicit use and binge drinking

⁴Includes US citizens and legal residents

⁵p<0.05

Notable Finding:

- After controlling for incarceration, insurance, FPG, residency status, travel time, employment, race/ethnicity, age, current homelessness, and MSM status, individuals who reported recent substance use were found to be almost twice as likely to report gaps in health-related services (OR=1.9; 95% CI: 1.2-3.0).

C. Predictors of Gaps in Residential Care and Housing Services

Table 123: Logistic Regression Models of Factors Associated with Gaps in Service Needs for LACHNA-Care Participants Seeking Residential Care and Housing Services (n=217)

Factor	Study Population OR ¹ (95% CL)
Incarcerated	
Recently	2.3 (0.8-6.6)
Not recently	Referent
Insured	
Uninsured	3.4 (1.8-6.4)⁶
Insured	Referent
FPG ²	
At or below FPG	0.4 (0.2-0.8)⁶
Above FPG	Referent
Gender	
Male	0.8 (0.4-1.5)
Not male	Referent
Residency Status	
Undocumented	0.5 (0.2-1.3)
Legal residents ³	Referent
Recent MI ⁴	
Yes	1.5 (0.8-2.7)
No	Referent
Employed	
Unemployed	0.6 (0.3-1.4)
Employed	Referent
Return to Care ⁵	
Yes	2.4 (1.0-5.9)
No	Referent
Length of HIV Infection	
≤5 years	2.2 (1.1-4.7)⁶
>5 years	Referent
Homeless	
Current	2.6 (1.1-6.3)⁶
Not Homeless	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²FPG=Federal Poverty Guidelines

³Includes US citizens and legal residents

⁴MI=Reported Mental Health condition (past 12 mo.)

⁵Reported returning to medical care (past 12 mo.)

⁶p<0.05

Notable Findings

- After controlling for incarceration, gender, residency status, mental illness, employment, and return to care status, persons who were uninsured (OR=3.4; 95% CI: 1.8-6.4); at or below the federal poverty guidelines (OR=0.4; 95% CI: 0.2-0.8); infected with HIV for five years or less (OR=2.2; 95% CI: 1.1-4.7) and currently homeless OR=2.6; 95% CI: 1.1-6.3) were significantly more likely to have a gap in residential care and housing services.

D. Predictors of Gaps in Transportation Services

Table 124: Logistic Regression Models of Factors Associated with Gaps in Services for LACHNA-Care Participants Seeking Transportation Services (n=310)

Factor	Study Population OR ¹ (95% CL)
Incarcerated	
Recently	2.3 (1.1-5.1)⁵
Not recently	Referent
Insured	
Uninsured	1.0 (0.6-1.7)
Insured	Referent
FPG ²	
At or below FPG	0.7 (0.4-1.2)
Above FPG	Referent
Interview language	
Spanish	0.3 (0.1-0.9)⁵
English	Referent
Residency Status	
Undocumented	1.6 (0.6-4.5)
Legal residents ³	Referent
MSM	
MSM	0.6 (0.3-1.0)
Not MSM	Referent
Education	
≤ High School	0.7 (0.4-1.1)
> High School	Referent
Lapse in Care ⁴	
Yes	1.5 (0.8-2.7)
No	Referent
Length of HIV Infection	
≤5 years	1.9 (1.0-3.3)
>5 years	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²FPG=Federal Poverty Guidelines

³Includes US citizens and legal residents

⁴Reported lapse in medical care (12 mo. or longer)

⁵p<0.05

Notable Findings

- After controlling for insurance status, FPG, residency status, MSM status, education, lapse in care, and time since HIV infection, persons who have been recently incarcerated (OR=2.3; 95% CI: 1.1-5.1) and interviewed in Spanish (OR=0.4; 95% CI: 0.1-0.9) were significantly more likely to have a gap in transportation services.

E. Predictors of Gaps in Case Management Services

Table 125: Logistic Regression Models of Factors Associated with Gaps in Services for LACHNA-Care Participants Seeking Case Management Services (n=354)

Factor	Study Population OR ¹ (95% CL)
Incarcerated	
Recently	2.3 (1.0-5.0)
Not recently	Referent
Insured	
Uninsured	1.3 (0.8-2.3)
Insured	Referent
Travel Time to Drs office	
≤1hr	1.3 (0.8-2.3)
>1hr	Referent
Race/ethnicity	
Non-White	1.1 (0.6-2.1)
White	Referent
Residency Status	
Undocumented	0.6 (0.3-1.4)
Legal residents ²	Referent
MSM	
MSM	0.8 (0.3-1.9)
Not MSM	Referent
Age	
25-49 years	3.1 (1.8-5.3)⁶
Not 25-49 years ³	Referent
Marital Status	
Not married ⁴	1.7 (0.8-3.5)
Married	Referent
Sexual Orientation	
LGB ⁵	0.8 (0.3-2.1)
Heterosexual	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²Includes US citizens and legal residents

³Includes those 18-24 years and over 50 years

⁴Includes registered domestic partners

⁵Lesbian/Gay/Bisexual

⁶p<0.05

Notable Findings

- After controlling for incarceration status, insurance status, travel time to doctor's office, race/ethnicity, residency status, MSM status, marital status and sexual orientation, persons who were 25-49 years old were statistically more likely to have a gap in case management services (OR=3.1; 95% CI: 1.8-5.3).

F. Predictors of Gaps in Support Services

Table 126: Logistic Regression Models of Factors Associated with Gaps in Services for LACHNA-Care Participants Seeking Support Services (not Case Management; n=246)

Factor	Study Population OR ¹ (95% CL)
Incarcerated	
Recently	0.4 (0.1-1.1)
Not recently	Referent
Insured	
Uninsured	0.2 (0.2-0.5)⁶
Insured	Referent
FPG ²	
At or below FPG	3.1 (1.5-6.2)⁶
Above FPG	Referent
Homeless	
Current	0.4 (0.1-1.0)
Not Homeless	Referent
Recent MI ³	
Yes	0.7 (0.4-1.2)
No	Referent
Substance Use ⁴	
Recent	1.3 (0.8-2.6)
Not recent	Referent
Lapse in Care ⁵	
Yes	0.6 (0.3-1.3)
No	Referent
Length of HIV Infection	
≤5 years	0.4 (0.2-0.9)⁶
>5 years	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²FPG=Federal Poverty Guidelines

³MI=Reported Mental Health condition (past 12 mo.)

⁴Includes illicit use and binge drinking

⁵Reported lapse in medical care (12 mo. or longer)

⁶p<0.05

Notable Findings

- After controlling for incarceration status, homelessness, recent mental illness, substance use, and a lapse in care, uninsured persons (OR=0.2; 95% CI: 1.5-6.2) and those at or below the federal poverty guidelines (OR=3.1; 95% CI: 1.5-6.2) were more likely to have a gap in support services.
- Participants who had been infected with HIV for less than or equal to 5 years (OR=0.2; 95% CI: 0.2-0.9) were significantly less likely to have a gap in support services.

G. Predictors of Gaps in Oral Health Care

Table 127: Logistic Regression Models of Factors Associated with Reporting a Gap in Oral Health Care for LACHNA-Care Participants (n=350)

Factor	Study Population OR ¹ (95% CL)
Incarcerated	
Recently	2.7 (1.2-6.1)⁴
Not recently	Referent
Insured	
Uninsured	1.8 (1.2-2.9)⁴
Insured	Referent
FPG ²	
At or below FPG	1.3 (0.8-2.1)
Above FPG	Referent
Travel Time to Drs office	
≤1hr	1.6 (1.0-2.7)
>1hr	Referent
Gender	
Male	1.5 (0.9-2.5)
Not male	Referent
Substance Use ³	
Recent	1.8 (1.1-2.8)⁴
Not recent	Referent
Age	
≤40	0.7 (0.4-1.2)
>40	Referent

¹OR=Odds Ratio; CL=Confidence Limit

²FPG=Federal Poverty Guidelines

³Includes illicit use and binge drinking

⁴p<0.05

Notable Findings

- After controlling for FPG, travel time to a doctor's office, gender and age, those who were recently incarcerated (OR=2.7; 95% CI: 1.2-6.1), uninsured (OR=1.8; 95% CI: 1.2-2.9) and recent substance users or binge drinkers (OR=1.8; 95% CI: 1.1-2.8) were significantly more likely to have a gap in oral health care.

V: Conclusions

The purpose of this document is to present findings from the 2011 Los Angeles Coordinated HIV Needs Assessment – Care survey (LACHNA-Care) and provide a description of how community services are being utilized by consumers, identify gaps in services, describe barriers to accessing needed services and quantify how satisfied clients are with services. Due to the proportional-to-size sampling methodology used, the data on the 450 LACHNA-Care participants reported here is generalizable to the larger population of clients in the Ryan White HIV service delivery system.

A. Health-Related Services

The majority of LACHNA-Care participants report receiving medical outpatient to treat and monitor their HIV disease. Additionally, satisfaction was very high and very few barriers to accessing needed health-related services were reported. This trend was consistent within all the different services clusters as well as throughout all subpopulations of interest highlighted in this report.

The most concerning trend is the high proportion of PLWHA who report difficulty obtaining needed oral health care. Overall 34% reported a gap in obtaining oral health care, with this proportion varying between 30-60% depending upon the subpopulation. Also, when service gaps were ranked, oral health care was consistently in the top two service gaps for all highlighted groups. The primary reason respondents reported not being able to access oral health care were individual barriers (i.e., not knowing it was available, where to go or who to ask for help). Factors associated with reporting gaps in oral health care were incarceration, being uninsured and recent (past 6 months) substance use. While these findings were statistically significant, having a service gap for oral health care was common across the entire survey population.

B. Case Management Services

Although participants were asked about several types of case management services [i.e., housing case management, psychosocial, transitional (for both youth and recently incarcerated persons), home-based and medical], psychosocial case management was consistently ranked among the top five services that individuals were aware of, expressed a need for and received. Overall there were few service gaps for any case management services and satisfaction was consistently high overall and among most subpopulations. The only exceptions were that women, transgender individuals, Latinos (primarily Spanish-speaking), heterosexuals and bisexuals reported gaps in some case management services. Individual barriers were the primary reason for the gaps (i.e., not knowing it was available, where to go or who to ask for help).

Although not listed as a top 10 service that respondents were aware of, expressed a need for or stated they were receiving, approximately 15% reported a gap in housing case management services. This makes housing case management the seventh most unmet service need overall. This gap was consistent among many of the subpopulations under study. The primary reason that respondents reported not being able to access housing case management services were also individual barriers (i.e., not knowing it was available, where to go or who to ask for help).

The main factor associated with reporting a gap in case management services as a cluster was age, with individuals between 25-49 years of age reporting a threefold increase in service gaps.

C. Residential Care and Housing/Transportation Services

Several types of residential care and housing and transportation services were identified by different populations as important. Among residential care and housing services, consumers noted a high awareness and need for rental assistance. This service was consistently ranked in the top 10 for both awareness and need for the population as a whole and among all subpopulations of interest. Despite the increased awareness and need for rental assistance, 28% of the population stated that they were unable to get this service when they needed it, making it the second most ranked unmet service need overall. Most subpopulations also ranked rental assistance as the second largest service gap with the exception of youth, Latinos, Latino English speakers and homeless persons (both current and chronic). People reporting a mental health condition ranked rental assistance above oral health care as the largest gap in services.

Factors associated with reporting a gap in residential care and housing services was lack of insurance, currently homeless, infected with HIV for fewer than five years and income above the federal poverty guidelines.

The most utilized transportation service was bus passes, which was ranked among the top ten services that respondents were aware of, expressed a need for and received. Even with a high proportion reporting that they were receiving bus passes, 17.6% reported that they were unable to obtain this service. Factors associated with a gap in transportation services as a cluster was recent incarceration and completion of the interview in English. It should be noted though that many subpopulations reported the need for both bus passes and bus tokens.

D. Support Services

A large number of services fit into the support services category, including nutrition support (both food banks and home delivered meals), peer support, referrals and child care. Child care services consistently ranked among the lowest types of services for which participants expressed a need. This result is not surprising since so few reported any dependents under the age of 18 (n=35, 7.8%) living with them. Food-related services (i.e., nutrition support) ranked consistently high among services that respondents were aware of, needed and received. Additionally, 19.8% of respondents who stated that they needed food-related services were unable to obtain it.

E. Service Awareness

As noted above, nearly all respondents were aware of the HIV services available to them. As a cluster, health-related services had the highest overall awareness (98.4%). Additionally, among the individual services, health-related ones tended to have the highest awareness (i.e., medical outpatient and ADAP). As a cluster, the least awareness was among transportation services (78.7%), although no individual transportation service was listed among the least aware services. Most of the services respondents reported being the least aware of were more specialized health-related services such as hospice and respite care. A detailed ranking of the awareness of all 47 individual services is listed in Appendix C.

Of the respondents who had not had a recent oral health care visit, nearly forty percent (38.3%) were not aware that oral health care was available. In the general survey population, 27.3% were unaware of the availability of oral health care.

F. Service Needs

Nearly all respondents stated they needed at least one of the HIV services available to them. As a cluster, respondents noted the greatest need for health-related services (99.6%). Additionally, among the individual services, health-related ones tended to have the highest awareness (i.e., medical outpatient and oral health care). As a cluster, the least awareness was among residential care and housing services (64.9%), and some of these services were listed among the least aware of individual services (i.e., transitional residential care facility and residential care facility for the chronically ill). A detailed ranking of the awareness of all 47 individual services is listed below in Appendix D.

G. Services Received

Since all respondents were surveyed at HIV service sites, it is noteworthy that 5% of the respondents were not currently receiving medical outpatient services. As noted in the limitations section above, these results should not be considered representative of all respondents with unmet medical needs in LAC. Further study of this subpopulation should be conducted to determine why clients receiving Ryan White-funded services are not receiving HIV medical care.

Peer Support was the 10th ranked most service received by all the LACHNA-Care respondents but ranked 14th in awareness, 13th in need, and 17th in service gaps. Peer Support is not currently funded through the Ryan White HIV/AIDS Program so it is unclear where respondents are receiving peer support and how it is being funded.

H. Service Gaps

As in previous needs assessment studies, oral health care had the largest service gap. While oral health care had the largest service gap, it was the fifth most received service by all respondents, indicating the unmet demand for this service. Rental assistance and short term rent, mortgage and utility assistance had the second and third largest gaps, confirming the unmet demand for subsidized housing in LAC.

Among respondents groups, the chronically homeless had more service gaps in support services. Unlike the study population in general, MI participants noted that rental assistance was the service that they had the most difficulty obtaining (35.8% reported a gap in care). Substance users reported a greater number of overall service gaps (5.3) compared to non-substance users in the survey (4.0; $p < 0.01$), particularly for support services, residential care and housing services, and health-related services.

Participants with no recent oral health care visits experienced more service gaps, especially for health-related, transportation and support services, compared to participants who had a recent dental visit. Persons who reported a need for residential care and housing services reported many more gaps in services overall compared to those who did not report any residential care

and housing needs (5.1 vs. 1.8, $p<0.01$). This trend was evident across all other service types (except residential care and housing services; $p<0.01$).

I. Barriers to Accessing Services

More often than not, clients were able to access the services that they needed with very few problems or complaints. The majority of access issues experienced by consumers were because of individual barriers (e.g., not aware that a service was available to them, did not know the location of a service or did not know who to ask for help). Future efforts to removing this barrier could include better education of clients about the availability of highly needed services such as oral health care and rental assistance in particular.

Most MI participants who reported needing rental assistance noted that organizational barriers (i.e., service provider was insensitive to my concerns; amount of wait time for an appointment or in the waiting room was too long; or the organization provided the wrong referrals) were the main reasons that they were unable to obtain these services.

J. Consumer Satisfaction

Overall consumers were satisfied with the Ryan White-funded services provided in LAC. Client satisfaction rates ranged from 40% to 100% for an individual service. It should be noted that services with few respondents reported the most extreme values. For example, individuals receiving respite care, child care and language/interpretation services all reported 100% satisfaction with these services, but the actual numbers of participants was quite small ($n=6$, 5, and 9, respectively). Additionally, of the five respondents who reported receiving skilled nursing care, only two (40%) reported being satisfied with this service. Due to these small numbers, caution should be taken while interpreting the true consumer satisfaction of these services.

Satisfaction with the highest ranked services that individuals reported receiving was consistently high among consumers. For example, satisfaction among medical outpatient was 96.3%, psychosocial case management was 94.2% and ADAP was 96.4%.

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Appendices
Glossary of Terms

LACHNA-Care	Los Angeles Coordinated HIV Needs Assessment - Care
HRSA	Health Resources and Services Administration
Commission	Los Angeles County Commission on HIV/AIDS
DHSP	Division of HIV and STD Programs
PLWHA	Persons living with HIV/AIDS
SPA	Service Planning Area
FY	Fiscal Year
CASI	Computer-Assisted Self Interview
IRB	Institutional Review Board
MSM	Men who have sex with Men
FPG	Federal Poverty Guidelines

Appendix A

Table 128: Service Categories and Survey Language, 2010-11 LACHNA-Care Survey (n=47)

Service Clusters	Service Category	Survey Language
Health-Related Services	AIDS Drug Assistance Program (ADAP)	ADAP: Access to FDA-approved HIV medications through the state
	Counseling and Testing in Care Settings	HIV testing and counseling in a doctor's office or medical clinic
	Health Education/Risk Reduction	Services that teach persons with HIV how to reduce the risk of giving it to others
	Home Health Care	Home health care from a nurse or certified nurses aide
	Hospice	End-of-life care
	Local Pharmacy Program /Drug Reimbursement	Access to medications not covered under ADAP
	Medical Nutrition Therapy	Nutrition evaluation and nutritional supplements
	Medical Outpatient	Ongoing medical care for HIV disease
	Medical Specialty	Medical care by a specialist (OB/GYN, cardiology, endocrinology, neurology, etc...)
	Mental Health, Psychiatry	Psychiatric or mental health services
	Oral Health Care	Dental care for people living with HIV
	Rehabilitation	Physical recovery services (physical therapy or speech pathology)
	Skilled Nursing	24-hour nursing care in a non-institutional, home-like environment
	Substance Abuse, Treatment – Methadone	Methadone maintenance or detoxification services
	Substance Abuse, Treatment – Outpatient	Outpatient substance abuse treatment or counseling
	Treatment Education	Services that help people remember to take their medication on time and correctly
Case Management Services	Home-based Case Management	Case management for individuals who are physically impaired and can't leave home
	Housing Case Management	Case management to assist people with locating and getting appropriate housing
	Medical Case Management	Case management services provided by a nurse
	Psychosocial Case Management	Case management provided by a case worker or social worker
	Transitional Case Management	Case management for people who are being released from prison/jail

	Transitional Case Management – Youth	Case management for runaway, homeless, and emancipating/emancipated youth
Residential Care and Housing and Transportation Services	Emergency Shelter	Emergency shelter for persons who are homeless
	Medical Transportation – Bus Passes	Bus passes to access HIV medical care
	Medical Transportation – Bus Tokens	Bus tokens to access HIV medical care
	Medical Transportation – Taxi Voucher	Taxi vouchers to access HIV medical care
	Permanent Supportive Housing	Rental housing with linkages to case management and other services
	Rental Assistance	Section 8 and other rental assistance that help pay rent throughout the year
	Residential Care Facility for the Chronically Ill	Housing, supervision and nursing care
	Short Term Rent, Mortgage, Utility	Programs that help pay for rent when an emergency occurs because of HIV
	Substance Abuse, Residential	Residential substance abuse programs
Support Services	Transitional Housing	Transitional housing for persons who are homeless
	Transitional Residential Care Facility	Housing, supervision, and non-medical care in a home-like setting
	Benefits Specialty	Assistance with accessing public and private benefits
	Child Care	Child care to allow a parent/guardian to attend medical and service appointments
	Health Insurance Premiums and Cost Sharing	Financial assistance to help pay for health insurance
	HIV LA Directory	The HIV LA Directory (booklet or Internet) to learn about HIV services
	Language/Interpretation	Interpreter services (including sign language)
	Legal	Legal assistance to fight discrimination and access public benefits
	Mental Health, Psychotherapy	Counseling services that help to improve your quality of life
	Nutrition Support – Food Bank	Groceries or food bank services
	Nutrition Support – Home Delivered Meals	Home-delivered meals
	Outreach	Outreach workers to assist people in finding medical care
	Peer Support	Peer-led support and educational group services
	Referrals	Assistance with accessing HIV services (using telephone/written communication)
	Respite Care	Services to relieve a caregiver
	Workforce Entry/Re-entry	Services to help people start or return to work

Appendix B

Table 129: Total Number and Proportion of Awareness, Needs, Received and Gaps in Care for All HIV Services within Service Clusters for LACHNA-Care Participants 2010-11 (n=450)

Service Clusters	Services	Awareness		Need		Received		Gaps	
		n	%	n	%	n	%	n	%
Health Related	AIDS Drug Assistance Program (ADAP)	366	81.3	335	74.4	306	68.0	29	6.4
	Counseling and Testing in Care Settings	312	69.3	84	18.7	56	12.4	28	6.2
	Health Education/Risk Reduction	267	59.3	87	19.3	52	11.6	35	7.8
	Home Health Care	143	31.8	35	7.8	17	3.8	18	4.0
	Hospice	86	19.1	13	2.9	4	0.9	9	2.0
	Local Pharmacy Program/Drug Reimbursement	190	42.2	148	32.9	94	20.9	54	12.0
	Medical Nutrition Therapy	304	67.6	245	54.4	160	35.6	85	18.9
	Medical Outpatient	401	89.1	422	93.8	406	90.2	16	3.6
	Medical Specialty	205	45.6	175	38.9	119	26.4	56	12.4
	Mental Health, Psychiatry	325	72.2	203	45.1	161	35.8	42	9.3
	Oral Health Care	327	72.7	373	82.9	219	48.7	154	34.2
	Rehabilitation	88	19.6	36	8.0	17	3.8	19	4.2
	Skilled Nursing	99	22.0	14	3.1	5	1.1	9	2.0
	Substance Abuse, Treatment – Methadone	96	21.3	10	2.2	8	1.8	2	0.4
	Substance Abuse, Treatment – Outpatient	188	41.8	51	11.3	32	7.1	19	4.2
	Treatment Education	187	41.6	63	14.0	24	5.3	39	8.7
Case Management	Home-based Case Management	125	27.8	19	4.2	11	2.4	8	1.8
	Housing Case Management	271	60.2	143	31.8	75	16.7	68	15.1
	Medical Case Management	156	34.7	44	9.8	30	6.7	14	3.1
	Psychosocial Case Management	387	86.0	359	79.8	312	69.3	47	10.4
	Transitional Case Management – Criminal Justice	125	27.8	27	6.0	18	4.0	9	2.0
Residential Care and Housing and Transportation Services	Transitional Case Management – Youth	133	29.6	20	4.4	12	2.7	8	1.8
	Emergency Shelter	226	50.2	50	11.1	23	5.1	27	6.0
	Medical Transportation – Bus Tokens	251	55.8	118	26.2	73	16.2	45	10.0
	Medical Transportation – Bus Passes	326	72.4	308	68.4	229	50.9	79	17.6
	Medical Transportation – Taxi Voucher	201	44.7	104	23.1	41	9.1	63	14.0
	Permanent Supportive Housing	140	31.1	60	13.3	17	3.8	43	9.6
	Rental Assistance	301	66.9	219	48.7	93	20.7	126	28.0
	Residential Care Facility for the Chronically Ill	121	26.9	18	4.0	10	2.2	8	1.8
	Short Term Rent, Mortgage, Utility	176	39.1	113	25.1	23	5.1	90	20.0
	Substance Abuse, Residential	177	39.3	41	9.1	28	6.2	13	2.9
	Transitional Housing	213	47.3	71	15.8	38	8.4	33	7.3
	Transitional Residential Care Facility	106	23.6	19	4.2	7	1.6	12	2.7
Support Services	Benefits Specialty	179	39.8	106	23.6	49	10.9	57	12.7
	Child Care	94	20.9	8	1.8	5	1.1	3	0.7
	Health Insurance Premiums and Cost Sharing	163	36.2	112	24.9	59	13.1	53	11.8
	HIV LA Directory	236	52.4	124	27.6	74	16.4	50	11.1
	Language/Interpretation	117	26.0	18	4.0	9	2.0	9	2.0
	Legal	178	39.6	47	10.4	11	2.4	36	8.0
	Mental Health, Psychotherapy	239	53.1	138	30.7	87	19.3	51	11.3
	Nutrition Support – Food Bank	318	70.7	266	59.1	177	39.3	89	19.8
	Nutrition Support – Home Delivered Meals	232	51.6	55	12.2	26	5.8	29	6.4
	Outreach	166	36.9	45	10.0	21	4.7	24	5.3
	Peer Support	250	55.6	143	31.8	99	22.0	44	9.8
	Referrals	159	35.3	49	10.9	27	6.0	22	4.9
	Respite Care	89	19.8	12	2.7	6	1.3	6	1.3
	Workforce Entry/Re-entry	138	30.7	50	11.1	11	2.4	39	8.7

Appendix C

Table 130: Ranking of Service Awareness for All HIV Services and Corresponding Needs, Receipt and Gaps in Care for those Services for All LACHNA-Care Participants (N=450)

Services	Awareness		Need		Received		Gaps	
	n	%	n	%	n	%	n	%
Medical Outpatient	401	89.1	422	93.8	406	90.2	16	3.6
Psychosocial Case Management	387	86.0	359	79.8	312	69.3	47	10.4
AIDS Drug Assistance Program (ADAP)	366	81.3	335	74.4	306	68.0	29	6.4
Oral Health Care	327	72.7	373	82.9	219	48.7	154	34.2
Medical Transportation – Bus Passes	326	72.4	308	68.4	229	50.9	79	17.6
Mental Health, Psychiatry	325	72.2	203	45.1	161	35.8	42	9.3
Nutrition Support – Food Bank	318	70.7	266	59.1	177	39.3	89	19.8
Counseling and Testing in Care Settings	312	69.3	84	18.7	56	12.4	28	6.2
Medical Nutrition Therapy	304	67.6	245	54.4	160	35.6	85	18.9
Rental Assistance	301	66.9	219	48.7	93	20.7	126	28.0
Housing Case Management	271	60.2	143	31.8	75	16.7	68	15.1
Health Education/Risk Reduction	267	59.3	87	19.3	52	11.6	35	7.8
Medical Transportation – Bus Tokens	251	55.8	118	26.2	73	16.2	45	10.0
Peer Support	250	55.6	143	31.8	99	22.0	44	9.8
Mental Health, Psychotherapy	239	53.1	138	30.7	87	19.3	51	11.3
HIV LA Directory	236	52.4	124	27.6	74	16.4	50	11.1
Nutrition Support – Home Delivered Meals	232	51.6	55	12.2	26	5.8	29	6.4
Emergency Shelter	226	50.2	50	11.1	23	5.1	27	6.0
Transitional Housing	213	47.3	71	15.8	38	8.4	33	7.3
Medical Specialty	205	45.6	175	38.9	119	26.4	56	12.4
Medical Transportation – Taxi Voucher	201	44.7	104	23.1	41	9.1	63	14.0
Local Pharmacy Program/Drug Reimbursement	190	42.2	148	32.9	94	20.9	54	12.0
Substance Abuse, Treatment – Outpatient	188	41.8	51	11.3	32	7.1	19	4.2
Treatment Education	187	41.6	63	14.0	24	5.3	39	8.7
Benefits Specialty	179	39.8	106	23.6	49	10.9	57	12.7
Legal	178	39.6	47	10.4	11	2.4	36	8.0
Substance Abuse, Residential	177	39.3	41	9.1	28	6.2	13	2.9
Short Term Rent, Mortgage, Utility	176	39.1	113	25.1	23	5.1	90	20.0
Outreach	166	36.9	45	10.0	21	4.7	24	5.3
Health Insurance Premiums and Cost Sharing	163	36.2	112	24.9	59	13.1	53	11.8
Referrals	159	35.3	49	10.9	27	6.0	22	4.9
Medical Case Management	156	34.7	44	9.8	30	6.7	14	3.1
Home Health Care	143	31.8	35	7.8	17	3.8	18	4.0
Permanent Supportive Housing	140	31.1	60	13.3	17	3.8	43	9.6
Workforce Entry/Re-entry	138	30.7	50	11.1	11	2.4	39	8.7
Transitional Case Management – Youth	133	29.6	20	4.4	12	2.7	8	1.8
Transitional Case Management – Criminal Justice	125	27.8	27	6.0	18	4.0	9	2.0
Home-based Case Management	125	27.8	19	4.2	11	2.4	8	1.8
Residential Care Facility for the Chronically Ill	121	26.9	18	4.0	10	2.2	8	1.8
Language/Interpretation	117	26.0	18	4.0	9	2.0	9	2.0
Transitional Residential Care Facility	106	23.6	19	4.2	7	1.6	12	2.7
Skilled Nursing	99	22.0	14	3.1	5	1.1	9	2.0
Substance Abuse, Treatment – Methadone	96	21.3	10	2.2	8	1.8	2	0.4
Child Care	94	20.9	8	1.8	5	1.1	3	0.7
Respite Care	89	19.8	12	2.7	6	1.3	6	1.3
Rehabilitation	88	19.6	36	8.0	17	3.8	19	4.2
Hospice	86	19.1	13	2.9	4	0.9	9	2.0

Appendix D

Table 131: Ranking of Service Needs for All HIV Services and Corresponding Awareness, Received and Gaps in Care for All LACHNA-Care Participants (N=450)

Services	Awareness		Need		Received		Gaps	
	n	%	n	%	n	%	n	%
Medical Outpatient	401	89.1	422	93.8	406	90.2	16	3.6
Oral Health Care	327	72.7	373	82.9	219	48.7	154	34.2
Psychosocial Case Management	387	86.0	359	79.8	312	69.3	47	10.4
AIDS Drug Assistance Program (ADAP)	366	81.3	335	74.4	306	68.0	29	6.4
Medical Transportation – Bus Passes	326	72.4	308	68.4	229	50.9	79	17.6
Nutrition Support – Food Bank	318	70.7	266	59.1	177	39.3	89	19.8
Medical Nutrition Therapy	304	67.6	245	54.4	160	35.6	85	18.9
Rental Assistance	301	66.9	219	48.7	93	20.7	126	28.0
Mental Health, Psychiatry	325	72.2	203	45.1	161	35.8	42	9.3
Medical Specialty	205	45.6	175	38.9	119	26.4	56	12.4
Local Pharmacy Program/Drug Reimbursement	190	42.2	148	32.9	94	20.9	54	12.0
Housing Case Management	271	60.2	143	31.8	75	16.7	68	15.1
Peer Support	250	55.6	143	31.8	99	22.0	44	9.8
Mental Health, Psychotherapy	239	53.1	138	30.7	87	19.3	51	11.3
HIV LA Directory	236	52.4	124	27.6	74	16.4	50	11.1
Medical Transportation – Bus Tokens	251	55.8	118	26.2	73	16.2	45	10.0
Short Term Rent, Mortgage, Utility	176	39.1	113	25.1	23	5.1	90	20.0
Health Insurance Premiums and Cost Sharing	163	36.2	112	24.9	59	13.1	53	11.8
Benefits Specialty	179	39.8	106	23.6	49	10.9	57	12.7
Medical Transportation – Taxi Voucher	201	44.7	104	23.1	41	9.1	63	14.0
Health Education/Risk Reduction	267	59.3	87	19.3	52	11.6	35	7.8
Counseling and Testing in Care Settings	312	69.3	84	18.7	56	12.4	28	6.2
Transitional Housing	213	47.3	71	15.8	38	8.4	33	7.3
Treatment Education	187	41.6	63	14.0	24	5.3	39	8.7
Permanent Supportive Housing	140	31.1	60	13.3	17	3.8	43	9.6
Nutrition Support – Home Delivered Meals	232	51.6	55	12.2	26	5.8	29	6.4
Substance Abuse, Treatment – Outpatient	188	41.8	51	11.3	32	7.1	19	4.2
Emergency Shelter	226	50.2	50	11.1	23	5.1	27	6.0
Workforce Entry/Re-entry	138	30.7	50	11.1	11	2.4	39	8.7
Referrals	159	35.3	49	10.9	27	6.0	22	4.9
Legal	178	39.6	47	10.4	11	2.4	36	8.0
Outreach	166	36.9	45	10.0	21	4.7	24	5.3
Medical Case Management	156	34.7	44	9.8	30	6.7	14	3.1
Substance Abuse, Residential	177	39.3	41	9.1	28	6.2	13	2.9
Rehabilitation	88	19.6	36	8.0	17	3.8	19	4.2
Home Health Care	143	31.8	35	7.8	17	3.8	18	4.0
Transitional Case Management – Criminal Justice	125	27.8	27	6.0	18	4.0	9	2.0
Transitional Case Management – Youth	133	29.6	20	4.4	12	2.7	8	1.8
Home-based Case Management	125	27.8	19	4.2	11	2.4	8	1.8
Transitional Residential Care Facility	106	23.6	19	4.2	7	1.6	12	2.7
Residential Care Facility for the Chronically III	121	26.9	18	4.0	10	2.2	8	1.8
Language/Interpretation	117	26.0	18	4.0	9	2.0	9	2.0
Skilled Nursing	99	22.0	14	3.1	5	1.1	9	2.0
Hospice	86	19.1	13	2.9	4	0.9	9	2.0
Respite Care	89	19.8	12	2.7	6	1.3	6	1.3
Substance Abuse, Treatment – Methadone	96	21.3	10	2.2	8	1.8	2	0.4
Child Care	94	20.9	8	1.8	5	1.1	3	0.7

Appendix E

Table 132: Ranking of Services Received for All HIV Services and Corresponding Awareness, Needs and Gaps in Care for All LACHNA-Care Participants (N=450)

Services	Awareness		Need		Received		Gaps	
	n	%	n	%	n	%	n	%
Medical Outpatient	401	89.1	422	93.8	406	90.2	16	3.6
Psychosocial Case Management	387	86.0	359	79.8	312	69.3	47	10.4
AIDS Drug Assistance Program (ADAP)	366	81.3	335	74.4	306	68.0	29	6.4
Medical Transportation – Bus Passes	326	72.4	308	68.4	229	50.9	79	17.6
Oral Health Care	327	72.7	373	82.9	219	48.7	154	34.2
Nutrition Support – Food Bank	318	70.7	266	59.1	177	39.3	89	19.8
Mental Health, Psychiatry	325	72.2	203	45.1	161	35.8	42	9.3
Medical Nutrition Therapy	304	67.6	245	54.4	160	35.6	85	18.9
Medical Specialty	205	45.6	175	38.9	119	26.4	56	12.4
Peer Support	250	55.6	143	31.8	99	22.0	44	9.8
Local Pharmacy Program/Drug Reimbursement	190	42.2	148	32.9	94	20.9	54	12.0
Rental Assistance	301	66.9	219	48.7	93	20.7	126	28.0
Mental Health, Psychotherapy	239	53.1	138	30.7	87	19.3	51	11.3
Housing Case Management	271	60.2	143	31.8	75	16.7	68	15.1
HIV LA Directory	236	52.4	124	27.6	74	16.4	50	11.1
Medical Transportation – Bus Tokens	251	55.8	118	26.2	73	16.2	45	10.0
Health Insurance Premiums and Cost Sharing	163	36.2	112	24.9	59	13.1	53	11.8
Counseling and Testing in Care Settings	312	69.3	84	18.7	56	12.4	28	6.2
Health Education/Risk Reduction	267	59.3	87	19.3	52	11.6	35	7.8
Benefits Specialty	179	39.8	106	23.6	49	10.9	57	12.7
Medical Transportation – Taxi Voucher	201	44.7	104	23.1	41	9.1	63	14.0
Transitional Housing	213	47.3	71	15.8	38	8.4	33	7.3
Substance Abuse, Treatment – Outpatient	188	41.8	51	11.3	32	7.1	19	4.2
Medical Case Management	156	34.7	44	9.8	30	6.7	14	3.1
Substance Abuse, Residential	177	39.3	41	9.1	28	6.2	13	2.9
Referrals	159	35.3	49	10.9	27	6.0	22	4.9
Nutrition Support – Home Delivered Meals	232	51.6	55	12.2	26	5.8	29	6.4
Treatment Education	187	41.6	63	14.0	24	5.3	39	8.7
Short Term Rent, Mortgage, Utility	176	39.1	113	25.1	23	5.1	90	20.0
Emergency Shelter	226	50.2	50	11.1	23	5.1	27	6.0
Outreach	166	36.9	45	10.0	21	4.7	24	5.3
Transitional Case Management – Criminal Justice	125	27.8	27	6.0	18	4.0	9	2.0
Home Health Care	143	31.8	35	7.8	17	3.8	18	4.0
Rehabilitation	88	19.6	36	8.0	17	3.8	19	4.2
Permanent Supportive Housing	140	31.1	60	13.3	17	3.8	43	9.6
Transitional Case Management – Youth	133	29.6	20	4.4	12	2.7	8	1.8
Home-based Case Management	125	27.8	19	4.2	11	2.4	8	1.8
Legal	178	39.6	47	10.4	11	2.4	36	8.0
Workforce Entry/Re-entry	138	30.7	50	11.1	11	2.4	39	8.7
Residential Care Facility for the Chronically Ill	121	26.9	18	4.0	10	2.2	8	1.8
Language/Interpretation	117	26.0	18	4.0	9	2.0	9	2.0
Substance Abuse, Treatment – Methadone	96	21.3	10	2.2	8	1.8	2	0.4
Transitional Residential Care Facility	106	23.6	19	4.2	7	1.6	12	2.7
Respite Care	89	19.8	12	2.7	6	1.3	6	1.3
Skilled Nursing	99	22.0	14	3.1	5	1.1	9	2.0
Child Care	94	20.9	8	1.8	5	1.1	3	0.7
Hospice	86	19.1	13	2.9	4	0.9	9	2.0

Appendix F

Table 133: Ranking of Service Gaps for All HIV Services and Corresponding Awareness Needs and Receipt for services for All LACHNA-Care Participants (N=450)

Services	Awareness		Need		Received		Gaps	
	n	%	n	%	n	%	n	%
Oral Health Care	327	72.7	373	82.9	219	48.7	154	34.2
Rental Assistance	301	66.9	219	48.7	93	20.7	126	28.0
Short Term Rent, Mortgage, Utility	176	39.1	113	25.1	23	5.1	90	20.0
Nutrition Support – Food Bank	318	70.7	266	59.1	177	39.3	89	19.8
Medical Nutrition Therapy	304	67.6	245	54.4	160	35.6	85	18.9
Medical Transportation – Bus Passes	326	72.4	308	68.4	229	50.9	79	17.6
Housing Case Management	271	60.2	143	31.8	75	16.7	68	15.1
Medical Transportation – Taxi Voucher	201	44.7	104	23.1	41	9.1	63	14.0
Benefits Specialty	179	39.8	106	23.6	49	10.9	57	12.7
Medical Specialty	205	45.6	175	38.9	119	26.4	56	12.4
Local Pharmacy Program/Drug Reimbursement	190	42.2	148	32.9	94	20.9	54	12.0
Health Insurance Premiums and Cost Sharing	163	36.2	112	24.9	59	13.1	53	11.8
Mental Health, Psychotherapy	239	53.1	138	30.7	87	19.3	51	11.3
HIV LA Directory	236	52.4	124	27.6	74	16.4	50	11.1
Psychosocial Case Management	387	86.0	359	79.8	312	69.3	47	10.4
Medical Transportation – Bus Tokens	251	55.8	118	26.2	73	16.2	45	10.0
Peer Support	250	55.6	143	31.8	99	22.0	44	9.8
Permanent Supportive Housing	140	31.1	60	13.3	17	3.8	43	9.6
Mental Health, Psychiatry	325	72.2	203	45.1	161	35.8	42	9.3
Treatment Education	187	41.6	63	14.0	24	5.3	39	8.7
Workforce Entry/Re-entry	138	30.7	50	11.1	11	2.4	39	8.7
Legal	178	39.6	47	10.4	11	2.4	36	8.0
Health Education/Risk Reduction	267	59.3	87	19.3	52	11.6	35	7.8
Transitional Housing	213	47.3	71	15.8	38	8.4	33	7.3
AIDS Drug Assistance Program (ADAP)	366	81.3	335	74.4	306	68.0	29	6.4
Nutrition Support – Home Delivered Meals	232	51.6	55	12.2	26	5.8	29	6.4
Counseling and Testing in Care Settings	312	69.3	84	18.7	56	12.4	28	6.2
Emergency Shelter	226	50.2	50	11.1	23	5.1	27	6.0
Outreach	166	36.9	45	10.0	21	4.7	24	5.3
Referrals	159	35.3	49	10.9	27	6.0	22	4.9
Substance Abuse, Treatment – Outpatient	188	41.8	51	11.3	32	7.1	19	4.2
Rehabilitation	88	19.6	36	8.0	17	3.8	19	4.2
Home Health Care	143	31.8	35	7.8	17	3.8	18	4.0
Medical Outpatient	401	89.1	422	93.8	406	90.2	16	3.6
Medical Case Management	156	34.7	44	9.8	30	6.7	14	3.1
Substance Abuse, Residential	177	39.3	41	9.1	28	6.2	13	2.9
Transitional Residential Care Facility	106	23.6	19	4.2	7	1.6	12	2.7
Hospice	86	19.1	13	2.9	4	0.9	9	2.0
Skilled Nursing	99	22.0	14	3.1	5	1.1	9	2.0
Transitional Case Management – Criminal Justice	125	27.8	27	6.0	18	4.0	9	2.0
Language/Interpretation	117	26.0	18	4.0	9	2.0	9	2.0
Transitional Case Management – Youth	133	29.6	20	4.4	12	2.7	8	1.8
Home-based Case Management	125	27.8	19	4.2	11	2.4	8	1.8
Residential Care Facility for the Chronically Ill	121	26.9	18	4.0	10	2.2	8	1.8
Respite Care	89	19.8	12	2.7	6	1.3	6	1.3
Child Care	94	20.9	8	1.8	5	1.1	3	0.7
Substance Abuse, Treatment – Methadone	96	21.3	10	2.2	8	1.8	2	0.4